Prince Albert Parkland Regional Health Authority

2012-2013 Annual Report to the Minister of Health

Letter of Transmittal

June 26, 2013

To: Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan,

The Prince Albert Parkland Regional Health Authority is pleased to provide you and the residents of the Prince Albert Parkland Health Region with its 2012-13 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2013.

The Prince Albert Parkland Regional Health Authority had many successes during the fiscal year, including the continued implementation of the Lean management tools to assist our leadership team, managers, staff and physicians in the transformation of the Saskatchewan health-care system. This includes work that focuses on improving quality and safety for our patients, long-term care residents and community clients.

Terms such as RPIW (Rapid Process Improvement Workshop), Kanban, Kaizen, 5S and Hoshin are a regular part of the vocabulary of our leadership team, employees, physicians and volunteers. Our success is a result of their dedication and commitment to the people we serve.

Respectfully submitted,

B.R. Abrametz

Brenda Abrametz,
Vice-Chairperson (Acting chairperson)

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Regional Health Authority

2012-2013

Gord Dobrowolsky
Chairperson

Brenda Abrametz
Vice-Chairperson

Jerri Olson
Member

Gerry Osmundson
Member

Don Code
Member

Until May 2012

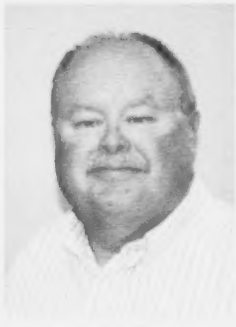
Grant Cadieu
Member

Shirley Bighead
Member

Allen Jurgens
Member

From May 2012

Shirley Schwab
Member



Hugh Otterson
Member

Bevra Fee
Member

Introduction

The purpose of the 2012-2013 Annual Report to the Minister of Health is to demonstrate the Prince Albert Parkland Regional Health Authority's accountability to its main funder, as well as the public, and to be transparent about its activities during the fiscal year.

The organization is responsible for the preparation and verification of the information contained in this report. Significant portions of the information are taken from regular reports to the board of directors, as well as the required submissions to the Ministry of Health. The interpretation of the reporting reflects the best judgment of the Region's management team.

The Strategic Alignment section will demonstrate how the Region's goals are aligned with the Ministry of Health's Provincial Health Plan. The Region's plan reflects the provincial priorities, including access, quality and cost containment.

Wanda Atcheson, Regional Manager of Public Health Services, presents the Public Health Quality Team report to the Prince Albert Parkland Regional Health Authority board of directors meeting in March 2013. The Quality Team reports are a regular item on the RHA meeting agenda. The teams are aligned with the teams that participate in the Accreditation Canada survey, which is a peer review process to determine how a health care organization is working towards national standards for quality and patient safety.

The Who We Are section will discuss the Region's governance and administrative structure, as well as the strategic priorities for 2012-2013. This section will also include information about the Region's programs and services, including service volumes, as well as information about the Region's key partners in the delivery of health care services. There are also some details about the health of the population, which can affect the demand for health-care services.

The Region will discuss its Progress in 2012-13 in achieving goals and targets, showing the Region's successes and areas where challenges remain. There is information about how the Region is utilizing quality improvement initiatives to improve the patient experience and to ensure the efficient use of all resources—human, financial, infrastructure and technology. The Region has chosen specific measurements related to the Saskatchewan Surgical Initiative, access to primary health care services, cost containment and workplace wellness initiatives.

The Region utilizes an external auditor to review the financial statements, notes and schedules, and to ensure the Region is presenting its financial status accurately. This information is included in the Financial Statements section. It includes information required to meet the needs of both the primary funder (the Ministry of Health), and the Provincial Auditor. The Financial Overview section will provide additional context about the Region's financial performance.

Appendices in this report include the Organizational Chart, regional directory of programs and services, health status indicators, and the Payee List for all recipients in excess of $50,000 in the past year (includes staff members, suppliers, transfers and other expenditures).

Strategic Alignment

The Ministry of Health introduced the Saskatchewan Health Plan for 2012-2013, following extensive consultation with the Regional Health Authorities and stakeholders. The plan was developed using the method of Hoshin Kanri, which builds on the Lean management tools to focus organizations on priority areas for improvement.

The provincial health plan is focused on the four enduring goals of Better Health, Better Care, Better Value and Better Teams. The Ministry of Health has identified a number of targets for improvements and broad priorities for achieving those targets.

The Prince Albert Parkland Regional Health Authority, through its own consultation process with management, staff, physicians and partners, developed its own Hoshin Kanri projects to support the provincial goals.

The following is the provincial goals, with the related regional projects to support those goals. The details about how the Region has performed will be discussed in the Progress in 2012-2013 section.

Ministry of Health provincial breakthrough initiatives (Hoshins)		Prince Albert Parkland Regional Health Authority breakthrough projects
Strengthening primary health care	→	Enhancing access to primary health care by using clinical practice redesign methods in primary health care clinics, focused on rural location
Deploying a continuous improvement system	→	First-line manager support to enable managers to focus on quality improvement initiatives
Improving surgical access and transforming the surgical experience	→	Acute-care patient flow to improve access to inpatient beds and reduce the potential risk of cancellations due to a lack of capacity
Enhancing our safety culture with a focus on staff and patient safety	→	Medication reconciliation on admission, along with pilot projects for transfer/discharge; and workplace safety plan
Implementing shared services	→	GHX & Workflow Automation targeting two IT projects—virtual desktop technology and a communication portal to enhance shared services support

Who we are

The Prince Albert Parkland Regional Health Authority is responsible for the delivery of health-care services for an area of just over 29,000 square kilometers in central Saskatchewan. It includes Kinistino in the southeast and Big River in the northwest, and goes from Candle Lake in the northeast to Hafford in the southwest.

Prince Albert Parkland has a population of 80,000 people (Ministry of Health Covered Population June 30, 2012). The largest community is the City of Prince Albert, with a population exceeding 43,000. Other communities from which health-service are based include Shellbrook, Birch Hills, Spiritwood, Big River, Leask, Canwood, Leoville, Blaine Lake and Debden. There are also 12 First Nations located within Prince Albert Parkland, with a total on-reserve population of more than 10,000 people.

The Prince Albert Parkland Regional Health Authority board of directors is appointed by the Minister of Health. As of March 31, 2013, there are eight board members (listed on Page 4). Five of the board members served for the entire 2012-2013 fiscal year, while three others were newly appointed in May 2012 and three others were not reappointed.

The board of directors holds nine regular meetings annually, with seven of the nine meetings in Prince Albert in the 2012-2013 fiscal year. Two meetings were held in other communities within the Region – in Anglin Lake (April 2012) and Rabbit Lake (October 2012). In the past year, a special board meeting was also held in July 2012 in Prince Albert.

The board of directors has six key areas of responsibility:

- Strategic planning;
- Fiscal management and reporting;
- Relationships;
- Quality management;
- Monitoring, evaluation and reporting; and
- Management and performance.

The Regional Health Authority board of directors hires a Chief Executive Officer. The CEO reports on the Region's achievement of goals, the results of measurements, and compliance to policy based on strategic goals approved by the board of directors. The Chief Executive Officer is responsible for the day-to-day management of the organization. An organizational chart is included as Appendix A on Page 63.

Our Vision

Healthy Living in Healthy Communities

Our Mission

The Prince Albert Parkland Health Region works with people and communities to promote health, prevent illness and provide safe, quality health services.

Our Values

Compassion	*Respect*
Stewardship	*Innovation*
Collaboration	*Patient Safety*
Service Excellence	*Rewarding Work Life*

The Regional Health Authority has developed a committee structure to further the goals of the Region. Standing committees include the Board Finance Audit Committee (board members only), Practitioner Liaison Council (with physician representation), Rural/Urban Community Advisory Network and First Nations Community Advisory Network. The Rural/Urban Community Advisory Network and First Nations Community Advisory Network have representatives from communities and First Nations throughout the Region. The committee members provide feedback to the board about initiatives and strategic planning, and raise issues affecting health-care services. The board of directors also appoints members to other committees and boards, including North Sask Laundry and Support Services (as one of four RHA owners) and the Victoria Hospital Foundation.

In addition to providing health care services to the population of the Region, Prince Albert Parkland is a source of specialized health care services to people throughout northeast and northern Saskatchewan.

Who we are

Table 1: Service Volumes—Prince Albert Parkland RHA (as of March 31 of the fiscal year)

Program/service area	2012-2013	2011-2012	2010-2011
Laboratory visits—Victoria Hospital	186,812	192,435	182,660
Laboratory visits—Shellbrook Hospital	10,287	10,586	12,950
Laboratory visits—all other rural [1]	13,920	13,423	11,767
X-Ray visits—Victoria Hospital	31,420	30,138	30,350
X-Ray visits—Shellbrook Hospital	2,147	2,994	4,324
X-Ray visits—all other rural [2]	1,525	1,278	1,275
CT visits—Victoria Hospital	6,938	6,200	6,183
CT exams—Vitoria Hospital	7,191	6,470	6,841
Acute Care inpatient days—Victoria Hospital	47,710	46,686	46,862
Acute Care inpatient days—Shellbrook Hospital [3]	4,680	4,349	4,559
Emergency department visits—Victoria Hospital	28,202	27,320	27,923
Emergency department visits—Shellbrook Hospital	2,860	3,882	7,181
Ambulatory Care outpatient visits—Victoria Hospital	17,276	18,234	18,527
Operating Room Cases—Victoria Hospital			
Inpatient	1,478	1,621	1,462
Outpatient	3,529	3,619	3,617
Hemodialysis Treatments—Victoria Hospital	7,308	7,262	7,047
Long-term care—resident days (all facilities) [4]	203,907	203,859	199,914
Long-term care—residents per day (all facilities) [4]	558.65	556.99	546.21
Physical Therapy—number of treatments	34,793	33,285	32,560
Occupational Therapy—number of treatments	9,558	7,848	7,017
Speech Therapy—number of treatments	3,898	4,217	4,236
Cardiac and Pulmonary Rehabilitation—number of treatments	14,914	11,187	10,718
Home Care—number of nursing visits	41,215	38,806	34,360
Home Care—number of homemaking visits	76,295	84,257	88,424
Home Care—number of meals	33,364	35,312	33,832
Addiction Services—total new outpatient files	2,124	2,519	2,261
Mental Health Outpatients—total visits (Adult & Youth)	45,208	48,842	44,281
Public Health—total provincially funded vaccinations	16,768	17,791	20,962

Prince Albert Parkland Regional Health Authority statistical information

1– All other rural includes Hafford Primary Care Site, Kinistino Health Centre, Birch Hills Health Centre, Big River Health Centre, Spiritwood and District Health Complex

2—All other rural includes Big River Health Centre, Spiritwood and District Health Complex

3—Due to lack of physician on-call resources Shellbrook Hospital has had limited acute-care inpatient capacity and emergency room hours since August 1, 2011. Beds have been utilized for alternate levels of care

4—Includes 11 facilities operated by PAPHR and the affiliate Mont St. Joseph. In 2011-2012, there were 555 long-term care spaces available, along with 15 respite beds and 2 interim beds. This is the total effective March 31, 2012. There were mid-year changes to configurations at several facilities.

Who we are

More than 260 pieces of art created by residents of the Prince Albert Parkland Health Region's Special Care Homes were on display at the Special Care Home Week Art Gala at the Herb Bassett Home on Sept. 23rd. A silent auction and live auction raised more than $10,000 to fund recreation activities in the Region's Special Care Homes. Funds were divided based on the home where the artist resides.

Programs and Services

The Prince Albert Parkland Regional Health Authority provides services to more than 2,000 individuals every day, including long-term care residents, mental health clients, service at home or hospital inpatients. They may be receiving services from Home Care or Public Health, or visiting an Emergency Department or have an appointment with a Nurse Practitioner.

Rehabilitation clients are seeing a physical or occupational therapist. Individuals are seeking help for substance abuse through both inpatient and outpatient addiction service programs. Public Health Inspectors are monitoring food services, swimming pools and other public venues to ensure standards are being met. Home Care staff are providing nursing and support services to help people maintain maximum independence in their own homes.

The Prince Albert Parkland Health Region has more than 2,500 employees working in 24-hour facilities and community-based programs.

The largest facility is the Victoria Hospital, a regional centre that not only serves the residents of the Region but is also a major referral centre for secondary specialist services for northern and northeast Saskatchewan. With more than 130 beds available, the Victoria Hospital has 24-hour on-call coverage for obstetrics/gynecology, orthopedics, pediatrics, general surgery, internal medicine, radiology, anesthesia and psychiatry. Other specialist services include ophthalmology, urology, ENT (ear, nose and throat), pathology and dental surgery.

The Prince Albert Parkland Regional Health Authority programs and services also includes:

- The Acquired Brain Injury program (includes funding from SGI) provides support for residential and individual programs. The program provides awareness and education about the importance of preventing brain injuries.
- Public Health Inspection is a community-based program. Its goal is to protect the health of the people in the Prince Albert Parkland Health Region from environmental risks. Programs and services protect the public's health and safety by ensuring:
    - safe food;
    - safe water;
    - safe public swimming pools and recreational water;
    - safe housing;
    - safe residential indoor air quality.
- Sexual Health Clinic, in Prince Albert, provides a variety of services to individuals, including:
    - Testing and treatment for Sexually Transmitted Infections (STI's)
    - Pregnancy testing
    - Hepatitis A, B, and C testing
    - HIV point of care testing
    - Hepatitis B immunizations
    - Referrals to the Hepatitis C and HIV Program, Sexual Health Clinic, Addiction Programs, Detox, Methadone Program, Physicians, Hospital

Who we are

- Free condoms
- Educational presentations and in-services on STI's, HIV, Hepatitis C, Occupational Risk
- Needle Exchange Program
- Presentations and in-services on Hepatitis C and HIV and related issues.

The Valley Hill Youth Treatment Centre, located just north of the Regional Health Centre site in Prince Albert, began admitting clients to the program in September 2012.

Key partnerships

In order to deliver the necessary programs and services, the Region partners with a number of organizations. The Region requires that partners follow reporting mechanisms to ensure accountability from all of the health care organizations that receive funding. The partnerships are a valuable resource and monitoring their performance and effectiveness is one way to reduce risks for the Region.

The largest single partner is Mont St. Joseph Home Inc., an affiliated special care home in the City of Prince Albert. Other community-based partners provide services in a number of areas, including addiction services, mental health services, crisis support services and primary care.

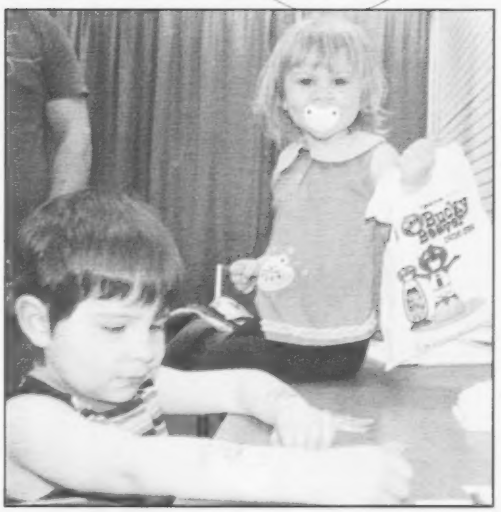
The Region also works with contracted ambulance services based in Prince Albert, Big River, Spiritwood and Blaine Lake. The four services combined for more than 10,000 trips in 2012-2013.

Other community partners include:

- Family Futures provides parent support for the eastern part of the Region. Workers provide counseling, referral and emotional support. A new partnership with Family Futures Inc. was established to deliver the outreach component of the Fetal Alcohol Prevention Strategy. Family Futures employs two outreach workers to provide support to at risk families in the childbearing years. Other programs provided under the strategy by this agency include a parenting program and a prenatal clinic at the Family Futures site. The prenatal clinic is operated by a nurse practitioner employed by the health region and a physician from the Prince Albert Cooperative Health Center.
- Self Help and Recreation Education (SHARE) provides vocational and pre-vocational opportunities for persons with mental illness in Prince Albert. SHARE operates a group home for clients discharged from Mental Health Inpatient Villas at the Victoria Hospital. During this fiscal year enhanced funding was provided to this agency to increase bed capacity at the group home and the addition of recreational and employment preparation services.
- The Prince Albert Branch of the Canadian Mental Health Association (CMHA) assists people with emotional and mental illnesses to live in the Prince Albert community independently. CMHA offers clients easier-skilled jobs and pre-vocational training. This includes employment at As Good As New (a used clothing store in Prince Albert), and obtaining skills training through the quilting projects, shopping skills project, and other life skills. The Region also provides funding to CMHA to employ an assisted living worker at their apartment complex in Prince Albert.
- Prince Albert Co-operative Health Centre is home to the Methadone Program for IV opiate drug users. The clinic's physicians also provide services at the Birch Hills Health Centre – one of the Region's Primary Care sites. The Co-operative Health Centre also supports the Dental Project, a school-based dental treatment program for several schools within the City of Prince Albert.
- Mobile Crisis Cooperative provides 24-hour service to individuals in crisis, with services including a crisis phone line, mobile workers who attend to the clients, and a sexual assault program.

Who we are

- The Prince Albert Early Intervention Program delivers the Kids First Community Development program for the rural east side of the region.
- Prince Albert Parkland is also represented by staff on the board of directors for the Valley Hill Youth Treatment Centre, which is a separate organization that has representatives from the Prince Albert Grand Council and Ministry of Health. The new 15-bed Youth Treatment Centre opened in September 2012, replacing the 6-bed youth treatment centre that Prince Albert Parkland had been operating since 2006.



Prince Albert Parkland Health Region's Public Health unit hosted a variety of events and walk-in clinics to promote immunizations for children and adults during National Immunization Awareness Week in April 2012.

Population health status

Working with community partners, both health care organizations and other human services, will be necessary to address many of the health status challenges of the RHA's population. The health-care challenges are often the result of poor social determinants of health, and require a community-wide effort to assist people in need.

Prince Albert Parkland's population has a higher rate of people who are both overweight and obese than the rest of Saskatchewan. The trend is the same for chronic illnesses such as arthritis, diabetes, asthma, and high blood pressure. (See Appendix C: Health indicators, starting on Pages 67-70) Assisting the population who are struggling with one or more chronic illnesses is a major challenge for the Region's primary health care providers. Access to services when people are able to attend clinics will be a key component of the Region's Primary Health Care strategy. It is important for the Region to work with Health Care Organizations and other human service agencies in order to meet the needs of a vulnerable population.

Prince Albert Parkland is a partner in the City of Prince Albert's Community Mobilization effort, which is led by the Prince Albert Police Services. In addition to the Prince Albert Parkland RHA, the partnership includes representatives of a variety of public organizations from social services, education, justice and health care fields. The Community Mobilization effort is about breaking down barriers between organizations, and working together to find solutions for both specific individuals and the community. There is case management for specific individuals, where partner organizations work together to find solutions and improve both social and health conditions.

The RHA is also working with other communities through Primary Health Care Community Advisory Committees. These committees, which include Prince Albert Parkland staff members and interested community members, continually review and discuss community health-care needs and potential solutions that could utilize the Region's resources or determine an appropriate resource within the community.

Another health status concern is a result of high-risk lifestyles often including substance abuse and a high rate of sexually transmitted infections. The number of individuals who have tested positive for HIV, Hepatitis C, syphilis and other sexually transmitted infections has been increasing in the Prince Albert Parkland Health Region during the past several years.

While the data shows a leveling off or decrease in the rate of HIV from 2009 to 2011, the overall rate is still a cause for concern with Prince Albert Parkland, where there are 12 per cent of HIV cases in Saskatchewan (HIV and AIDS in Saskatchewan, 2011). Increased testing has been one reason for the increase in numbers; however, there are also significant concerns about reducing the spread of these illnesses.

Who we are

The epidemiology of HIV in the Saskatchewan population is different from that seen elsewhere in Canada. New HIV cases predominantly result from intravenous drug use (IDU). This trend of increasing new HIV cases among IDUs increased from 50 per cent in 1997 to 75 per cent of cases in 2009. Since 2005, Aboriginal females under the age of 30 have accounted for a disproportionate number of female HIV cases under the age of 30. Ethnicity of all cases of HIV indicates an over-representation of those of Aboriginal ethnicity (76 per cent in 2008). In 2008, the new cases were predominantly found to be IDU (77 per cent); and of this group, 63 per cent were of Aboriginal ethnicity. With the significant proportion of First Nations population in Prince Albert Parkland this has implications for service delivery and case management.

Emergency preparedness

In June 2012, a major storm caused a widespread power outage throughout central and northern Saskatchewan. This included several communities within Prince Albert Parkland, including the City of Prince Albert.

The City of Prince Albert was without electrical power for almost 24 hours, and other communities and individuals were without power for longer periods of time. Even when power was restored, there was concern about the stability of the supply for several days.

During this period, the Prince Albert Parkland Regional Health Authority's staff, physicians and volunteers put their emergency measures in place. The emergency power generators at the Victoria Hospital were running for more than five days, providing power to the Regional Health Centre site. While this allowed for the continued provision of care, there were limitations on activities. Non-emergency surgeries were deferred due to safety concerns in the operating rooms where there was no air conditioning available.

Physician offices were also closed for an entire day. Some physicians responded by providing services the Victoria Hospital to ensure patients received the care they needed. Rural locations, including Shellbrook (Hospital and long-term care facility), Spiritwood, Canwood and Big River, were also running on emergency power for much of the week.

The lack of a regular power supply tested the emergency preparedness plan, and many lessons were learned to adopt for any future emergency. This included:

- Ensuring adequate supply of fuel for generators, or having generators being fed by a natural gas supply line.
- Ensuring that any emergency generators are safe from flooding.
- A need to work with municipal and other governments agencies to prepare for any lengthy period of time without a community food supply, as many people learned that the Victoria Hospital was one of the few locations in the City of Prince Albert where food services (cafeteria) were available.
- The need to regularly review and test protocols for different emergency situations, including a power outage during winter months rather than the summer.

It was the second major test of emergency preparedness in less than six months, following the City of Prince Albert water quality concerns in February and March 2012.

Progress in 2012-2013

The Saskatchewan Health Care System has changed how it sets priorities and goals, using Lean Management to promote continuous quality improvement. As part of the Saskatchewan Health Care Management System, the Prince Albert Parkland Regional Health Authority participates in the province's Hoshin Kanri process.

Hoshin Kanri, also called Strategy Deployment, is a new way of planning for the entire Saskatchewan health care system—involving the Ministry of Health, the Regional Health Authorities and the Saskatchewan Cancer Agency.

The enduring areas of focus are Better Health, Better Care, Better Value and Better Teams. After planning sessions involving the RHAs/SCA, the Ministry of Health determined the following priority areas for the 2012-2013 fiscal year:

- Transforming the surgical experience
- Strengthen patient-centred primary health care
- Deploy a provincial Continuous Improvement System
- Focus on Patient and Staff Safety
- Identify and provide services collectively through a shared services organization

To support the provincial priorities, Prince Albert Parkland has determined the following breakthrough initiatives:

- Acute care patient flow
- Enhancing access to primary health care
- First line managers support
- Medication reconciliation & Workplace safety plan
- GHX & Workflow automation targeting two IT projects

The province and each region have chosen fewer strategic priorities to focus on before determining what is next. There is a greater chance of success if we can focus resources on a few priority areas that require improvement, than to try to do too much at once.

Measurement is a key component. There will be measurement displays that provide information on improvement initiatives in each program and department. At each of the RHA board of directors' meetings, the senior management team does a Visibility Wall Walk—discussing progress on the Region's strategic priorities.

The following pages will report on Prince Albert Parkland's progress in achieving the targets, as well as identifying barriers, and corrective actions where targets were not met.

Progress in 2012-2013

Better Health

The enduring goal of Better Health is focuses on improving population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Targets within this strategy include:

- By 2017, there will be a 50 per cent improvement in the number of people who say: "I can see my primary healthcare team on my day of choice."
- By 2017, we will see a 50 per cent reduction in age standardized hospitalization rate for ambulatory care sensitive conditions; and
- 100 per cent of seniors who choose to stay at home will be supported to do so as long as it is safe and economically efficient to do so by 2017.

To support the provincial goal of Better Health, Prince Albert Parkland's strategic priority for 2012-2013 is: Enhancing Access to Primary Health Care using Clinical Practice Redesign within the Region.

Primary Health Care is a core component of health care delivery and is the first point of contact with the system. The current service delivery model has not been able to meet the needs of our clients in a timely and coordinated way.

The burden of Emergency Department clients who are scored as Canadian Triage Acuity Score (CTAS) 4 and 5 (semi-urgent and non-urgent) create an unmanageable burden on the Emergency Department and creates dissatisfied patients. One of the challenges is that primary health care has historically been seen as a Monday to Friday, 8 a.m. to 5 p.m. service. The Region has identified the following issues that need to be addressed:

- Long waits;
- Health care systems that supported volume of care versus quality of care;
- Poor care coordination; and
- Client not involved as a partner in care.

In addition, for Prince Albert Parkland, the social determinants of health show (See Appendix C: Health Indicators, starting on Page 67) :

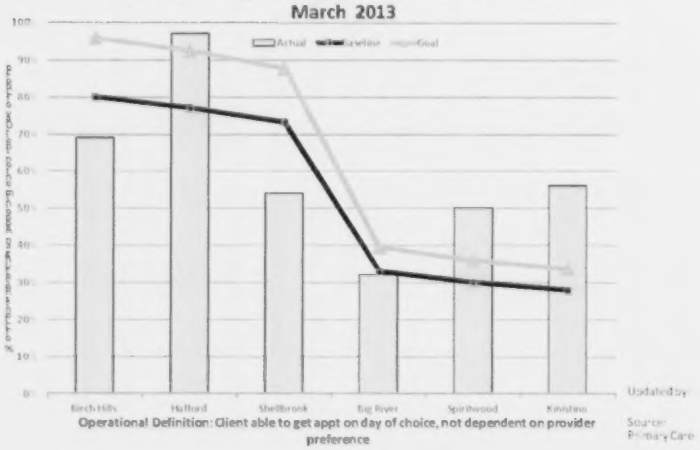
- Inequality and poor health in areas like obesity, employment, education, smoking and the prevalence of chronic illness.
- Not all clients with chronic illness receive evidenced based care
- Not everyone has a health care provider

The focus is on the Region's six primary health care clinics in rural communities, with other communities being served by visiting providers. Primary health care services in Prince Albert are based in private physicians offices.

During the 2012-13 fiscal year, the focus was on improving access to clients. The specific measure

Dr. Senzani, at right, who practices in Spiritwood, was among the physicians and other community volunteers who helped show the 55 first-year medical students from the University of Saskatchewan as part of the Saskatchewan Medical Association Rural Bus Tour. The tour stopped in Shellbrook in August 2012.

Chart 1: Primary Care - Appointment on Day of Choice
March 2013



Operational Definition: Client able to get appt on day of choice, not dependent on provider preference

PAPHR Primary Health Care data

Progress in 2012-2013

Better Health

used was access to an appointment on the day of choice with the goal of having a 10 per cent improvement from the baseline established in the first quarter of the year.

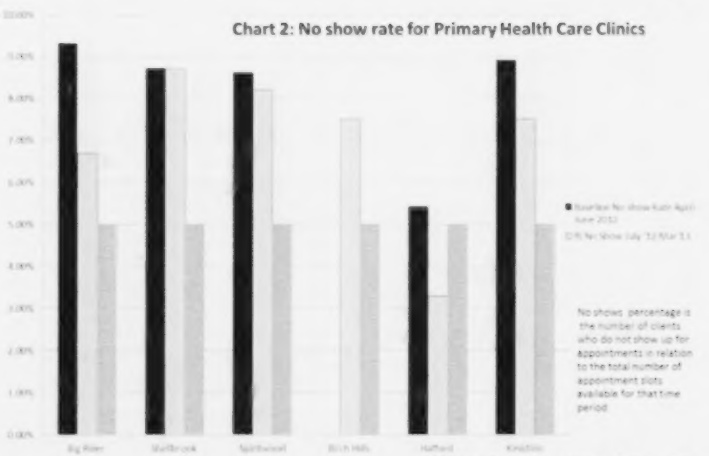
Chart 1 (Page 14) indicates that three of the sites reached the goal of 10 per cent improvement using this measure of access.

No-show rates

The second measurement used to evaluate the program was to track the percentage of patients who do not show up for an appointment and then attempt to lower this number to five per cent for all areas. This is defined as patients who are one hour or more late or who do not come to the clinic at all at the appointment time.

Chart 2 shows that only one site was able to achieve the goal. Other sites did have somewhat of a reduction but not enough to achieve the goal. This issue is considered a significant barrier to access as well as a waste of resources and time for the clinicians.

A significant initiative included the completion of the Electronic Medical Record installation in Spiritwood. This included significant time and commitment on the part of the clinicians with the technical support of the team from e-Health Saskatchewan. Work began late in the fiscal year at the Shellbrook site with a view to go live there in June 2013.



PAPHR Primary Health Care data

Table 2: Primary Health Care funding by site (not including physician funding)

Site	2012-2103 budget	Full-time equivalents
Big River	$640,134	3.34
Birch Hills	$170,672	3.54
Hafford	$373,777	2.67
Kinistino	$206,813	1.47
Shellbrook	$468,714	2.03
Spiritwood	$676,372	7.6
Total	$2,536,482	20.65

PAPHR Financial Report

Funding allocations

Funding for the staff of primary care sites is summarized in Table 2. The Region also received a total of $2,494,000 for primary care physician funding which is provided to physicians on contract throughout the region.

Some barriers and challenges faced in Primary Care relate mainly to a shortage of nurse practitioners and physicians. During the later part of the fiscal year, physician supply became stabilized due to very successful recruitment initiatives notable in the community of Shellbrook. Several vacancies remain in the nurse practitioner supply in the communities of Big River, Candle Lake and Kinistino. An additional challenge relates to the request for additional access to laboratory and diagnostic services in communities with primary health care clinics. The Region continues to provide this service at current levels and has not been able to expand this level of service to additional communities.

Prince Albert Parkland will continue to focus on access to primary health care services during the 2013-2014 fiscal year. The efforts to better coordinate service delivery includes exploring different models for clinic operating hours, as well as an emphasis on recruiting and retaining providers. The lack of providers (physicians and nurse practitioners) due to vacancies or other causes, has been identified as one of the reasons that individuals were not able to access services on their day of choice.

Progress in 2012-2013

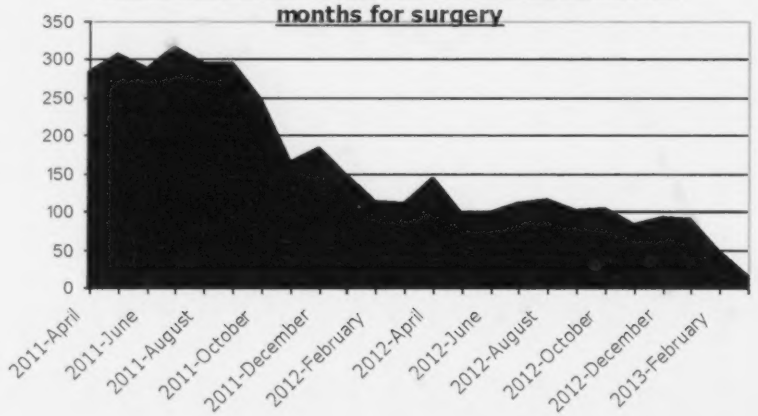
Better Care

The enduring goal of Better Care focuses on a partnership with patients and families, improving the individual's experience, achieving timely access and continuously improving healthcare safety.

Targets within this strategy include:

- By March 31, 2017, patients' ratings of exceptional overall healthcare experience are in the top 20 per cent of scores internationally;
- By March 2017, there will be a 50 per cent reduction in patient times from General Practitioner referral to specialist and diagnostic services;
- By March 2014, all patients will have the option to receive necessary surgery within three months;
- By March 2015, all cancer surgeries or treatments are done within the consensus timeframes from the time of suspicion of, or diagnosis of, cancer;
- By March 2017, no adverse events related to medication errors;
- By March 2017, zero surgical infections from clean surgeries;
- Individuals with severe and complex mental health issues (with alcohol co-morbidity or ABI) will have access to supportive housing in or near their community by 2017; and
- No patient that requires emergency services will wait in the Emergency Department for care by March 2017.

Chart 3: Number of patient waiting longer than 6 months for surgery



Acute & Emergency Services Branch, Saskatchewan Ministry of Health

To support the provincial goal of Better Care, the Prince Albert Parkland first strategic priority for 2012-2013 is improving Acute Care Patient Flow by focusing on improving the patient flow in the emergency department; and fully implement Medication Reconciliation on admission in Acute Care and on transfer/discharge on two acute care units.

The province identified in the Patient First Review that people should receive the Right Care in the Right Place at the Right Time. In Prince Albert Parkland Health Region, the system is under significant stress with overcapacity at the largest facility, Victoria Hospital, an almost daily occurrence. The overflow of patients into the Emergency Department cripples the initiatives set out in the Patient First Review. The result is patients in our Emergency Department experiencing excessive wait times. Unhappy patients/caregivers and staff result. A cancelled surgical procedure is at times the only way to move patients to the floors to decrease excess capacity in the Emergency Room. A patient's condition can deteriorate if the person is not seen in an appropriate time period.

To address these issues, Prince Albert Parkland has set the following targets:

- "No waiting room required"—All Prince Albert Parkland clients will receive timely access to all areas within acute care;
- Those considered at the Canadian Acuity Triage Scale (CTAS) as a three or semi-urgent will have a wait time less than one hour;
- Once triaged the patients will have a care plan in place regarding disposition within 7 hours. Disposition includes a decision about whether a patient is requiring further observation, treatment or is able to be discharged from the Emergency room; and,
- Consults for specialty services will see patients within one hour for urgent cases.

Progress in 2012-2013

Better Care

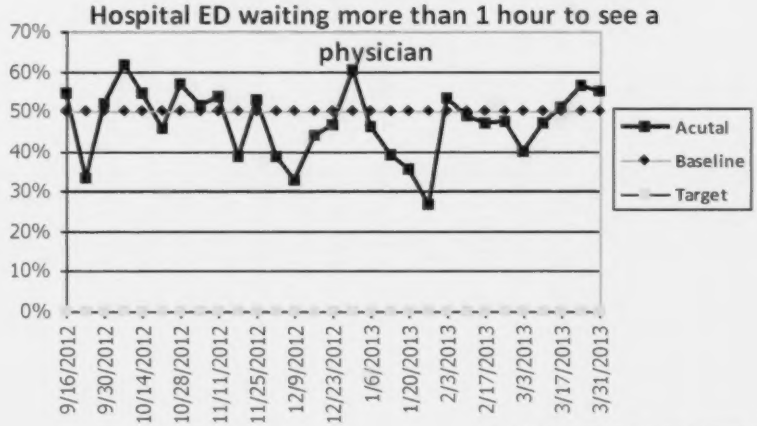
While an influx of patients can sometimes be a cause of delays within the Emergency Department, the wait times in that area is often a symptom of a patient flow throughout the hospital.

The focus for this strategic priority is on processes in both the Emergency Department as well as the inpatient units at the Victoria Hospital. Longer wait times are often a result of lack of space in the Emergency Department as patients are waiting for inpatient beds. There will also be an examination of processes for consultations with specialist physicians, and support from the laboratory and diagnostic imaging departments.

Key measurements include:

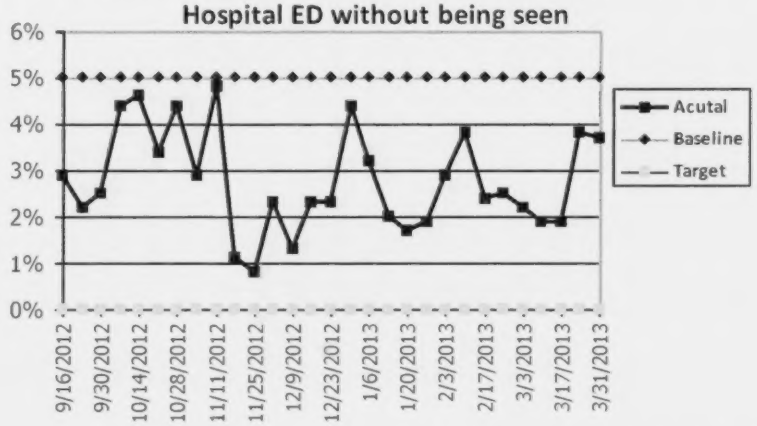
- Number of patients waiting longer than 6 months for surgery (provincial target to achieve by March 31, 2013);
- Number of CTAS 3 patients waiting more than 1 hour to be seen by physician; and
- Number of CTAS 1-3 patients who leave the Emergency Department without being seen.

Chart 4: Percentage of CTAS 3 patients at Victoria Hospital ED waiting more than 1 hour to see a physician



PAPHR: Sunrise Clinical Manager

Chart 5: CTAS 1-3 patients who left the Victoria Hospital ED without being seen



PAPHR: Sunrise Clinical Manager

Improving work to continue

The Region has not been able to meet the targets set during the 2013-2014 for this priority. The target for surgical wait times of no patient waiting longer than 6 months was almost achieved. The final number was 14. Two years prior, that number was closer to 300 patients waiting longer than 6 months for surgery. (Chart 3, Page 16)

While there has been some progress in addressing challenges with Emergency Department capacity, the Region has not been able to sustain gains in wait times with the Victoria Hospital Emergency Department (Chart 4). There were almost four per cent of CTAS 1, 2 and 3 (mostly CTAS 3) patients leaving without being seen, and more than half of CTAS 3 patients were waiting more than one hour to be seen by a physician (Chart 5).

Prince Albert Parkland will continue to focus on access Emergency Department Flow services during the 2013-2014 fiscal year. The efforts include utilizing Lean management tools such as Rapid Process Improvement Workshops to examine the different challenges related to flow through the Emergency Department. The RPIWs will focus on time to triage, as well as improving flow from the Emergency Department to inpatient units for patients requiring admission to hospital.

Progress in 2012-2013

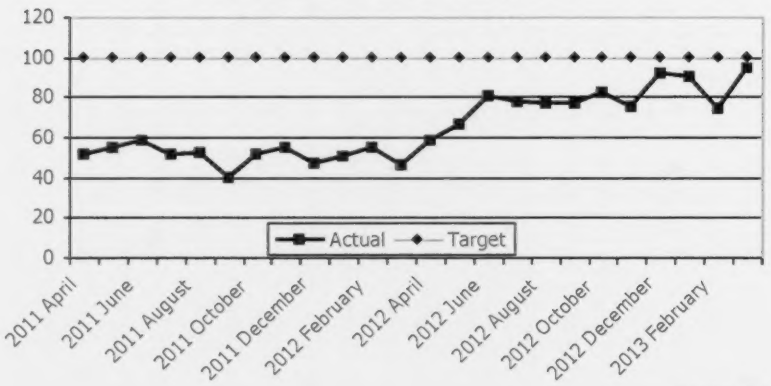
Better Care

Medication Reconciliation

A second component to support the provincial goal of Better Care, the Prince Albert Parkland is to fully implement Medication Reconciliation on admission in Acute Care and on transfer/discharge on two acute care units.

Medication reconciliation is rolling out slowly. Patients are at risk of medication error without reconciliation upon admission, transfer, and discharge. Progress on admission has been slow. Miscommunication and medication errors continue to affect our patients, clients and residents causing them harm every day. This results in hours of pharmacy and nursing time.

Chart 6: Completed Medication Reconciliation on Admission, Victoria Hospital



PAPHR data

Medication errors are a significant cause of harm at transitions in care. It is a proven method to improve patient safety and without medication reconciliation patients in all care settings (acute, mental health, home care, and long-term care) are at risk of medication errors. Medication reconciliation is an Accreditation Canada Required Organizational Practice, and needs to be implemented on admission, transfer, and discharge.

To achieve this strategic priority, Prince Albert Parkland identified the following actions:

- Fully implement Medication Reconciliation on admission to Acute Care with 100% compliance by March 31, 2012. (ie: every patient entering acute care will have Medication Reconciliation on admission within 24 hours of admission).
- Test Medication Reconciliation transfer/discharge on 2 – 4 acute care units and a plan to roll out to other units by March 31, 2013.
- 100 per cent of Home Care clients will have Medication Reconciliation on admission by March 31, 2013
- Education will begin in large LTC facilities by March 31, 2012.

The plan is to include weekly audits for each acute care unit and education of all inpatient unit staff on medication safety. There was also a need to revisit and revise the regional plan that has stalled, and map the current process now that it has been implemented on some units. The project also aimed to implement reconciliation on discharge in one site March 31, 2013, after assessing capacity in units/site for pilot projects.

Key measurements to determine progress include:

- % of patients/clients/residents receiving Medication Reconciliation on admission weekly
- % of patient/clients/residents receiving Medication Reconciliation on discharge/transfer

The Region has made significant progress towards achieving the target for medication reconciliation on admission. There does remain some challenges to ensure that the standard is being met for all admissions (Chart 6). The Region will continue to work towards ensuring best practice for safe medication for all admissions, transfers and discharges throughout all regional programs. This will include educating staff members and physicians about standards for medication reconciliation, and a regular audit of charts in all programs.

Progress in 2012-2013

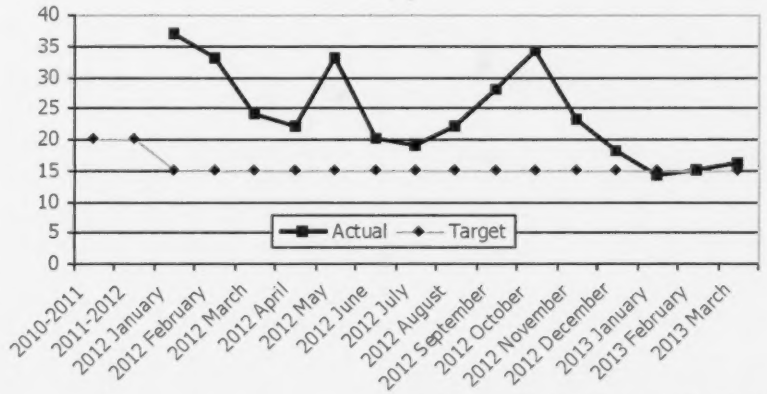
Better Teams

The enduring goal of Better Teams focuses on building safe, supportive and quality workplaces that support patient- and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers. Targets within this strategy include:

- Increase physician engagement score by 50 per cent by March 2017;
- By March 31, 2017, the employee engagement provincial average score exceeds 80 per cent; and
- By March 31, 2017, zero workplace injuries.

To support the provincial goal of Better Teams, the Prince Albert Parkland first strategic priority for 2012-2013 is to eliminate workplace injuries starting with developing a plan for a Safety Management System Failure to reduce the number of injuries is seen as a problem of great significance impacting the quality of service and the quality of the workforce.

Chart 7: PAPHR WCB Claim (Medical Aid and Time Lost)



Saskatchewan Workers' Compensation Board

The number of time lost claims flat lined over the last five years (average 150 claims per year). Days lost due to injury decreased significantly in 2010 compared to previous years, but have increased by nearly 30 per cent in the last two years.

An injured worker requires many weeks and months to recover. Client care is impacted due to the constant stream of relief positions to provide care. Care is not consistent, and remaining staff shoulder the burden of responsibility for the delivery of care. The cost of injury deviates precious resources from patient care. In the past, the processes in place have been reactionary rather than preventative in nature. Patient care plans focus on the disease/event/illness. The plans must consider the impact on the worker in delivering care. Leaders need to champion safety as a normal part of doing business. There has also been incidents with repeat offenders, and a lack of discipline for unsafe work. Health-care providers are often overwhelmed, with an increased volume of need throughout the system.

To respond, the Region in 2012-2013 aligned workplace health and safety with the Regional Hoshins. A systematic way to look at injuries was developed called the Loss Model – all managers were trained in the late fall of 2012 to begin implementation immediately (Chart 7). The results were overwhelming, WCB claims dropped by 50 per cent in January 2013 compared to January 2012.

Units also began to offer "Safety Talks" on a regular basis – using the findings from the loss model as a basis for education and awareness on issues related to worker safety. Safety training data provided to all sites and departments to ensure staff are afforded the opportunity to maintain their training status as current. The Region has also began the assessment of the each sites Safety Management System, with five sites completing their assessment in 2012-2013 and the remaining sites slated for completion next year.

Prince Albert Parkland determined priority sites to be determined by injury rate, sick time costs and overtime costs and provided dedicated resources to work with three sites in 2012-2013. These sites seen an improvement in training rates and a significant decrease in workplace injuries.

Prince Albert Parkland will continue to focus efforts on improving workplace safety and wellness in the next fiscal year, in an effort to achieve zero workplace injuries. The implementation of an Organizational Wellness Plan will include further work to ensure the health and safety of employees.

Progress in 2012-2013

Better Teams

Supporting first line managers

In another effort to support the provincial goal of Better Teams, the Prince Albert Parkland's strategic priority for 2012-2013 is First Line Managers Support by focusing on non-essential work for managers and extra hours worked.

Chart 8: Average weekly unpaid hours of work Stratified by frequency of feeling 'tense' or 'under pressure'

First-line managers face multiple demands (greater than 30 projects daily), excessive emails, pressure of multiple mandatory projects/tasks from whomever initiates the project. Managers report they are working a significant number of additional hours (Chart 8). There is high turnover, intent to leave, and verbal indications of increasing stress. The number of direct reports, up to as many as 200 for one manager, is one issue of concern. Managers are responsible for more than just care or programs in facilities. There are concerns about the frequency of formal performance appraisals, which can affect employee retention. Managers report they perform a number of non-value added tasks.

The goal is that by Sept 30, 2013, 100 per cent of First Line Managers can identify and complete standard work in order to support continuous improvement; supporting their team as measures by a decrease in additional manager hours worked, overall manager stress, increased employee engagement and decreased turnover for both managers and employees. Implementation progress:

- Research manager core functions and best practices—completed
- Activity follows with a narrow scope of managers with a high amount of extra hours worked—completed
- Measure of stress—64 per cent of managers who responded occasionally had their mind go blank
- Measure of support—28 per cent of managers who responded said less than 25 per cent of the time they feel supported by senior management.
- Measure of additional hours worked over 40 hours per week—46 per cent of managers who responded said they complete on average 10—15 additional hours of work over and above their paid work per week.

Lunch'n Learn sessions were identified to help support Managers in their work. Every third Wednesday of the month from 12—12:45 p.m. in form of Webex. Topics include:

- Stress Management
- Labour Relations—comfort with discipline
- Occupational Health and Safety—new Labour Laws & Safety Talks process
- Recruitment & Retention—Job posting, screening & interviewing process & managing probation periods
- Change Management—Leadership expectations and priority setting

Standard work for managers was drafted based on A Daily Management System for Managers. The framework uses best practice from 10 high performing Lean organizations. Plan, Do, Study, Act cycles will provide information to adapt the standard work to better meet the needs of managers and teams. Following the second test (involving rural long-term care, support services, and home care) in collaboration with other improvement work for leaders going on in the organization the aim is to create, test, and spread standardized standard work for all Prince Albert Parkland managers.

This important improvement work is built on the premise that sustained improvement can only take place for our patients and clients if our managers feel supported to support those who ultimately are the point of care for the people we serve. The next survey of managers is due in September 2013.

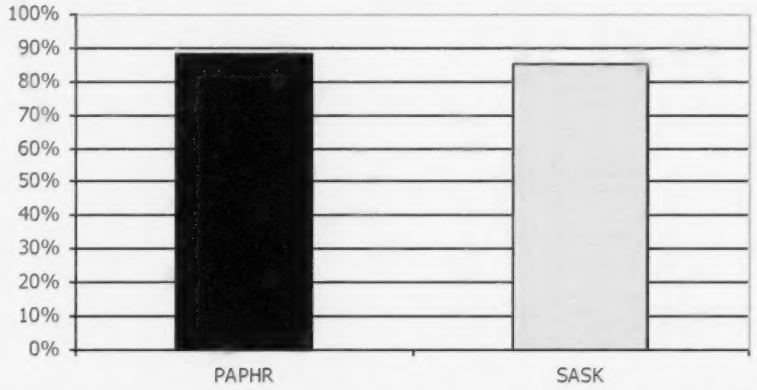
Progress in 2012-2013

Better Value

The enduring goal of Better Value focuses on achieving the best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure. Targets within this strategy include:

- By March 31, 2017, (based on a rolling five-year average), the healthcare budget increase is less than the increase to provincial revenue growth; and
- By March 31, 2017, the healthcare budget is strategically invested in information technology, equipment and facility renewal.

Chart 9: Percentage of employees with activited Gateway Online accounts (March 2013)



3S Health data

To support the provincial goal of Better Value, the Prince Albert Parkland strategic priority for 2012-2013 is: GHX & Workflow Automation targeting two IT projects (Virtual Desktop & Communication Portal) that will align with provincial IT/IM strategy building the regional infrastructure required to support and align with the provincial shared services strategy.

The first part of the strategy was the development of the Virtual Desktop project. The project enhances network access for Prince Albert Parkland's staff members. The systems also reduces costs associated with operating, as the desktop terminal has significantly lower power requirements to operate. The system also enhances remote access for staff members working from locations not connected to the Region's IT network.

The Virtual Desktop project will expand with the opening of the Family Treatment Center and Child & Youth Mental Health Inpatient Unit (April 2013), and the new Parkland Integrated Health Centre (Shellbrook, June 2013). New facilities will utilize the technology in the future, including the new long-term care facility in Prince Albert to open in 2014. It will also be tested in other locations to ensure network capacity in lower bandwidth sites. The technology is a key component of the long-term replacement strategy for aging work stations.

The second major information technology project is the development of a communication portal, or Intranet, to provide improved communication and access to information for Prince Albert Parkland staff.

The Intranet, to be known as myPAPHR, is to be launched in April 2013. It provides simplified and searchable access for policies and procedures, and human resources information, along with a variety of other resources for staff members and physicians who are accessing the Prince Albert Parkland network.

myPAPHR provides access to important links, including Gateway Online, which is a provincial initiative to automate elements of workflow. The first step for Gateway Online (Chart 9) was to establish paperless pay statements. The next steps were adding sections for editing personal information and adding information about skills, education and other talents. The site will eventually include a job postings, which will incorporate information added by employees. Staff members can access Gateway Online while at work, or from any other internet access. Prince Albert Parkland, including affiliate Mont St. Joseph, had almost 90 per cent of employee initiate their online accounts, which is slightly higher than the overall rate for the health system employees.

Gateway Online is one of the initiatives of Health Shared Services Saskatchewan (3sHealth). 3sHealth was formally established in 2012 to collaborate with Regional Health Authorities and the Saskatchewan Cancer Agency (SCA) in

Progress in 2012-2013

Better Value

identifying and implementing selected administrative and clinical support services that could be delivered in a shared services model. By sharing specific functions, the health regions and the SCA will improve the quality of services provided, lower costs and redirect resources to patient care.

Broad objectives of 3sHealth, in partnership with the health regions and SCA, include creating enhanced value to the health system, improving service quality and lowering the cost curve. Key achievements for 2012-2013 include:

- Established 3sHealth Board of Directors. The nine-member board was established to help guide the organization to achieve its goal of providing efficient, customer-focused, quality, province-wide shared services to Saskatchewan's health sector.
- Participating in, and adopting Lean management systems and Lean certification training to help further the provincial strategy to transform healthcare in Saskatchewan into a system that puts patients first.
- Continue to leverage additional group purchasing contracts to increase buying power with provincial and national procurement contracts for clinical supplies, resulting in provincial savings of $7.7 million for 2012-2013.
- Implementing Global Healthcare Exchange (GHX), a software system to automate and streamline supply chain operations.
- Continued work to enhance, automate and standardize human resource processes through Gateway Online. This work has resulted in printing and paper cost savings, increased accuracy of information, and is allowing healthcare administrators and employees to spend less time on manual administrative processes and more time focused on the patient.

3sHealth has also been working on the business case for a provincial linen strategy to enhance quality and infection control standards, achieve efficiencies and secure safe working conditions. It is expected that a decision will be made early in the next fiscal year.

Work focused on Lean, group purchasing, GHX, standardizing human resource processes and the provincial linen strategy will continue in 2013. In addition to this work, 3sHealth received approval from its Board of Directors and the Council of CEOs to proceed with the development of eight new business cases.

These businesses cases will explore opportunities for shared services and will be guided with a view of improving quality of services for patients and families, and achieving a five year cumulative target of $100 million in provincial savings. The eight new business cases include:

- Laboratory Services
- Diagnostic Imaging
- Environmental Services
- Supply Chain
- Information Technology and Information Management
- Enterprise Risk Management
- Capital Projects
- Workflow Optimization

Progress in 2012-2013

Better Value

Information technology projects

The Prince Albert Parkland Information Systems (IS) Department transferred its Information Technology data centre from a third-party support company based outside of the Region to the Victoria Hospital in Prince Albert. The IS Department grew to be able to in-house support the data centre and at the same time support the increasing project management and business analysis need in the Region. Each staff member has its own unique IT skills from network, server, project management, IT security, risk management, clinical-IT Nurse, business analysis and desktop support.

The Information Services Department has started the implementation of a rigorous project management and approval process. Projects requiring any type of Information Services resources will require a business needs assessment to be completed and submitted to the Senior Management team for approval. Key items such as budget, timeframes, resource needs, and high-level scope must be considered as part of the approval process. By managing the significant portfolio of projects in a more focused and rigorous manner the Information Services department will be better able to plan for and deploy those projects requiring Information Services resources.

Home Care—Shellbrook was one of the programs recognized for workplace wellness. The Region is working with managers and employees to improve employee safety and wellness, to reduce costs and enhance patient care.

During the transition in 2012-2013, the IS department began to implement numerous projects such as:

- Data centre upgrade,
- Dynamics Financial system upgrade,
- Endoscopy system interface with WINCIS (Admission, Discharge and Transfer System),
- Business Impact Analysis for each applications, and
- Glucometer Upgrade

The department also supported provincial clinical system roll outs, naming a few:

- Laboratory Information System (LIS)
- Xen App migrations for WinCIS, WinPharm, RIS, HealthSuite (patient admission and health records systems)
- Sunrise Clinical Manager (SCM, the Emergency Department System) and Laboratory Information System Interface
- Radiology Information System/Picture Archiving Communication System upgrade
- Med-Access (Primary Health Care's Electronic Medical Record) to Spiritwood and Leoville

Other projects planned for implement in the next fiscal year include:

- Implementation of a Man Down System to improve staff safety,
- Disaster recovery data centre,
- Patient Order Sets for use by physicians,
- Sunrise Clinical Manager expansion,
- Med-Access roll out to other rural sites,
- Upgrade of the wireless system, and
- Radiology Information System/Picture Archiving Communication System (X-ray images) for Shellbrook and Spiritwood.

Progress in 2012-2013

Putting Patients First
Transforming Health Care through Lean

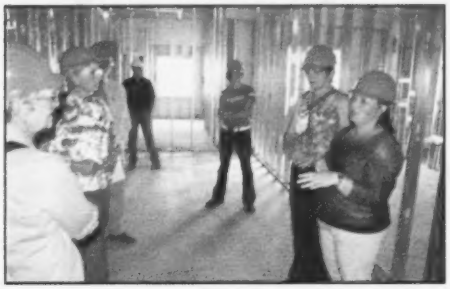
About 50 Prince Albert Parkland Health Region managers, staff members and physicians are involved in Lean Leadership training, led by John Black and Associates. The training is integrated into improvement work in priority areas, including surgical services, primary care, mental health and support services. The Region held its first Rapid Process Improvement Workshop in March 2013, which focused on reducing wait times for mental health services. There was also a Kanban (inventory and supply control) in four areas of the Victoria Hospital in February. Mistake proofing projects focus on patient safety.

The individual recipients for the 2012 Health Excellence Awards include: back row, from left, Grant Gustafson (Client Centred Care), Arlene Seesequasis (Lifetime Achievement); front row, from left, Eloise Lukoni (Volunteer), Elizabeth Thompson (Peer Support), Kayla Doucette (Attitude), Lucille Bjerkness (Workplace Safety) and Beverly Dougan (Quality of Work). The annual event, sponsored by the RHA board of directors, was held in May 2012.

The Prince Albert Home Care—Nursing Department team members include: Back row, from left, Margaret Archer, Michelle Street, Janine Feschuk, Jacey Novak, Adele Lavergne, Joyce Vellacot; front row, from left, Flo Doucette, Yvette Thomas, Lois Aspvik, Geraldine Simonson, Linda McKay. This team received the 2012 Health Excellence Award for Team Approach at the ceremony held in May 2012.

Louise Schmalz, a resident of Parkland Terrace in Shellbrook, was one of the many residents who prepared items for display and sale at the first Special Care Home Week Art Gala. Proceeds from the event supported resident recreation programs in the Region's Special Care Home.

Progress in 2012-2013



Patti Couture, right, Director of Care at the Shellbrook Hospital, helps with a tour of the Parkland Integrated Health Centre in June 2012. The new facility, scheduled to open in the Spring 2013, will replace the Shellbrook Hospital and Parkland Terrace long-term care facility. The facility will also provide space for community-based programs such as Home Care, Public Health, Mental Health, Addictions, and Therapies.

Public Health partnered with the Northern Lights Casino to offer mobile immunization clinics in Prince Albert.

The annual Rawlco Radio Give a Little Life Day raises funds for the Victoria Hospital Foundation

The Salvation Army is recognized for 55 years of volunteer service.

Diabetes education is provided at the Share-a-Meal Food Bank

Charles Lariviere, centre, a resident of Pineview Terrace Lodge, is supported by Continuing Care Aide Candice Shier, and joined by Gord Dobrowolsky, left, then-Prince Albert Parkland RHA chairperson, and Hon. Don McMorris, right, then-Minister of Health, for the official sod turning for the new long-term care facility in Prince Albert in May 2012. The facility will replace Pineview Terrace Lodge and is expected to open in 2014.

A visit from a member of the Prince Albert Raiders to the Herb Bassett Home

Participants prepare for Spiritwood's Annual Run, which supported community promotion of physical activity.

Progress in 2012-2013

Barbara Pratt, left, and Dr. Zubaida Chaudhry were recognized for 40 years of service at the Prince Albert Parkland Health Region long-service recognition event on June 25, 2012. As part of efforts to recognize services in five-year increments (5, 10, 15, etc.), the Region held an event to recognize all staff members with at least 25 years of service. Staff members with less than 25 years of services were honoured with activities at their work locations.

Dr. Jon Tonita, left, head of the Colorectal Cancer Screening Program; Hon. Dustin Duncan, Minister of Health; Scott Livingstone, CEO, Saskatchewan Cancer Agency; and Gord Dobrowolsky, then-chairperson of the Prince Albert Parkland Regional Health Authority, spoke at the launch of the Colorectal Cancer Screening Program for the residents of Prince Albert Parkland Health Region in February 2013.

The Hooked on Fishing program is a partnership with the Region's addiction services, Saskatchewan Association of Conservation Officers, and the Saskatchewan Rivers School Division, to promote healthy lifestyle choices.

PAPHR Public Health team at the Prince Albert Relay for Life

A number of PAPHR staff members were participants in the annual Prince Albert Daily Herald Spring Fling run at Little Red River Park.
From left, Wendy Ericson-Lemaigre, Shauna Exner, Linda Horner, and Debbie Taylor; at back, Dr. Randy Friesen.

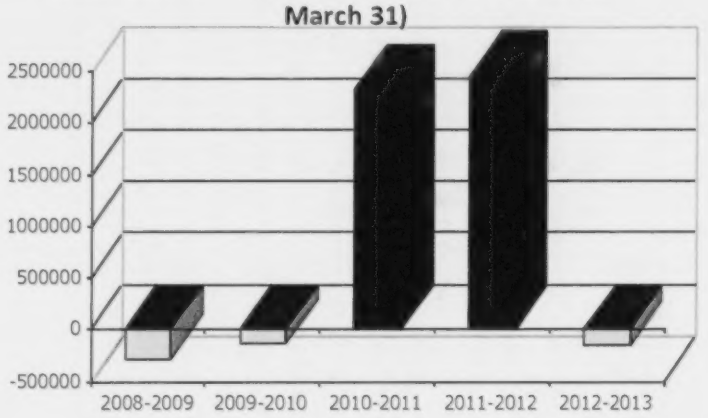
Parkland Terrace Resident Shirley Morris pushes her wheelchair with her son Morris and daughter in law Roseanne, at a run held in Shellbrook in May 2012.

Financial Overview

Prince Albert Parkland Health Region has an operating surplus of $1,137,352 for the year ended March 31, 2013. After required transfers to capital for Long Term Care reserves, mortgage payments, Energy performance loan payments and information technology capital purchases there is a deficit of $155,670.

This is Region's first deficit since the 2010-2011 fiscal year (see Chart 10). However, in prior years there were significant challenges which resulted in deficits for several years. The Region's accumulated deficit has now exceeded $19.5 million (see Page 35). The Region's accumulated deficit can create challenges for cash flow, which is often mitigated by accruing vacation liability. The challenge, in the past, has resulted in careful monitoring of cash flow.

Chart 10: PAPHR year-end financial results (as of March 31)



Prince Albert Parkland Health Region audited financial statements

Revenue

Revenue is over budget $3,748,052 for the year. Deferred revenue is $563,096 higher than budget. One of the reasons for this variance is the inclusion of deferred revenue for the Surgical Initiative funding of approximately $300,000 that was being spent on items that were not originally included in our 2013 budget. Special Payments are over budget $2,226,463. The Region also received $1,518,132 in special funding related to Collective Bargaining agreements and Out Of Scope salary changes, which were not included in the original funding calculations. Special Payments also include funding to run the Youth Treatment Centre, which exceeded budget due to the extended period covered by the region.

Expenditures

Expenditures are over budget $3,628,055 for the year. This variance includes the increased wages for SUN and OOS employees that were not announced before budgets were set. During the year the region experienced increases in both sick time usage and Wage Driven premiums. The Region's sick time costs were nearly $4.8 million, which combined with workplace injuries can drive costs for relief (often at overtime rates) beyond the initial budget.

Workload was also an issue at the Victoria Hospital. The Victoria Hospital has experienced the effects of a growing wait list for long-term care placement along with the pressures to meet surgical targets. When the number of patients expands on any given floor beyond the status quo, additional staff members are called in to ensure patient and staff safety. These shifts are often filled at overtime. Home care is experiencing workload issues to complete all the level of care assessments at the Victoria Hospital and Shellbrook. There is also pressure to manage patients in the community as long as they can safely do so, with the goal to delay or eliminate the need for acute care admission.

The Region's senior management team has started meeting with managers from departments that are experiencing significant over expenditures. The purpose of the meetings is to learn more about the specific issues, hear potential solutions, and offer support to work towards meeting budget expectations.

Compensation costs for staff members and physicians are the most significant portion of the overall budget (Chart 11, Page 28), totaling more than $167 million. Having a safe and healthy workforce, which includes staff members and physicians, is vital to not only meeting the budget plan, but also ensuring the Region is able to provide quality, safe health care services for patients, long-term care residents and community clients.

Financial Overview

Chart 11: Expenditure by Object Code 2012-2103

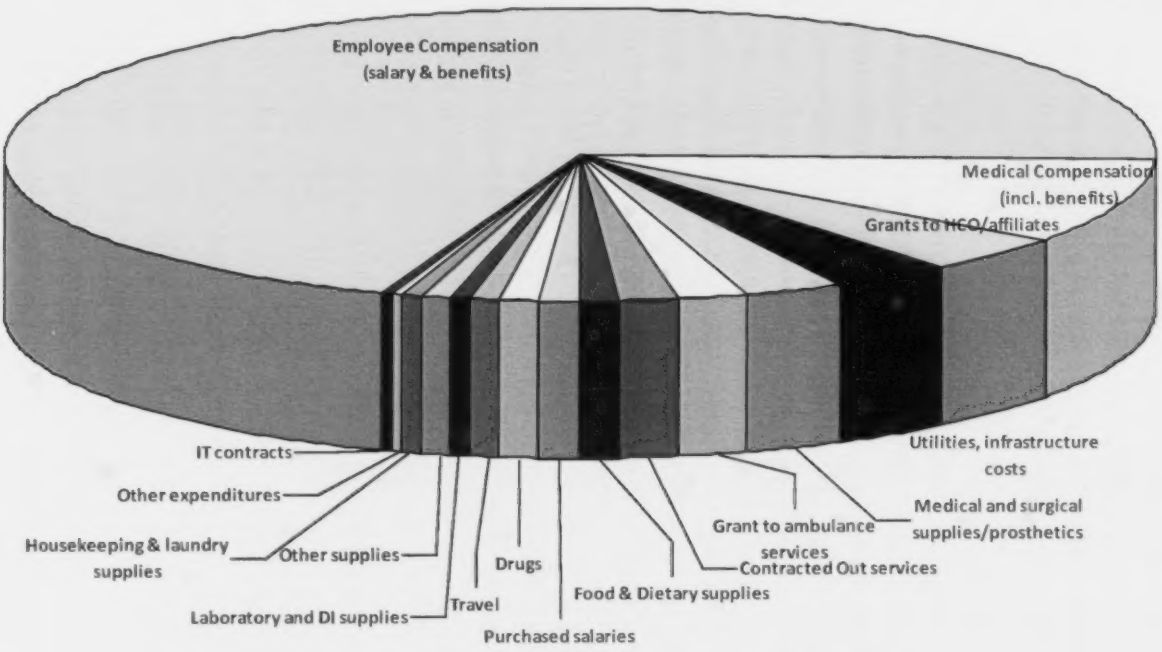
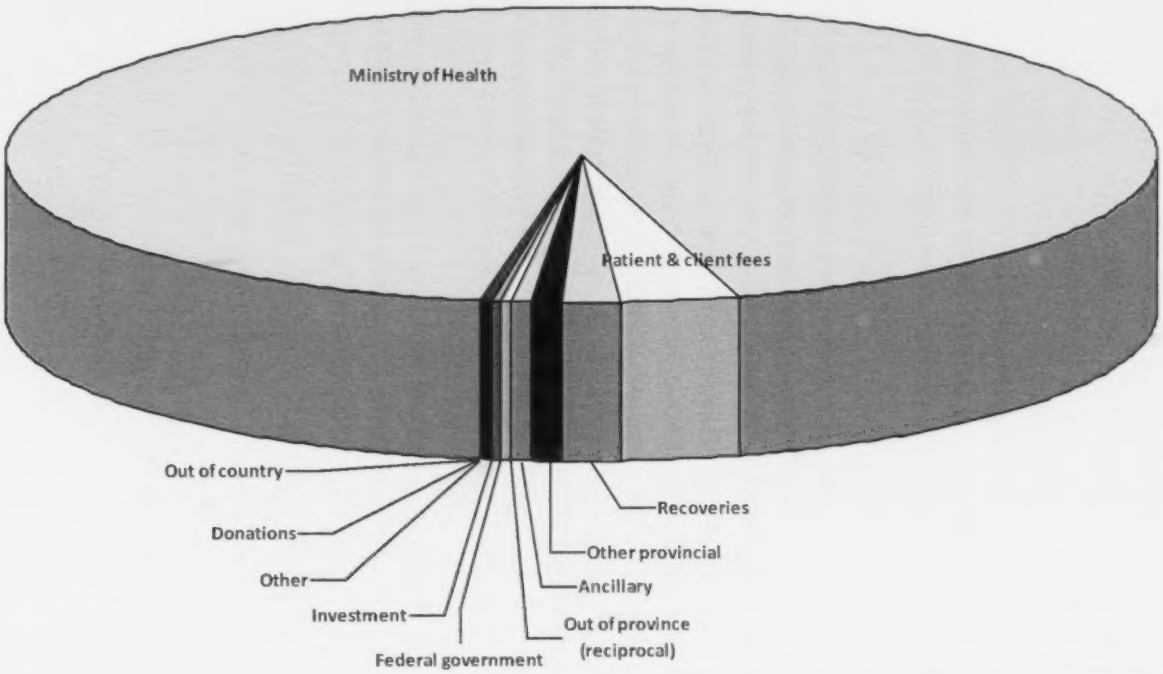


Chart 12: Revenue by Source 2012-2103



Prince Albert Parkland Health Region audited financial statements

Management's Report

The accompanying financial statements are the responsibility of management and have been approved by the Prince Albert Parkland Regional Health Authority. The financial statements have been prepared by management and, except as explained below, are presented fairly in accordance with Canadian public sector accounting standards. The financial statements reflect management's best estimates and judgments based on currently available information.

During the year, the Authority entered into new shared ownership arrangements with the Ministry of Health for certain capital projects. Following the direction of the Ministry of Health, the Authority recorded their proportionate ownership interest in tangible capital assets under construction rather than the full cost of the capital projects as set out by the Ministry of Finance. The accounting for these capital projects constitutes a departure from Canadian public sector accounting standards.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance/Audit Committee. The Finance/Audit Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance/Audit Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance/Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Cecile Hunt,
Chief Executive Officer

Cheryl Elliott,
Vice-President of Finance

Prince Albert, SK
June 13, 2013

Auditor's Report

Independent Auditors' Report

To the Board of Directors of Prince Albert Parkland Regional Health Authority:

We have audited the accompanying financial statements of Prince Albert Parkland Regional Health Authority which comprise the statements of financial position as at March 31, 2013, March 31, 2012 and April 1, 2011 and the statements of operations, changes in fund balances and cash flows for the years ended March 31, 2013 and March 31, 2012, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audits is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis for Qualified Opinion

A co-ownership agreement dated January 30, 2013 has been signed by the Province of SK, represented by the Ministry of Health and the Prince Albert Parkland Regional Health Authority ("RHA") whereby an addition to the existing Herb Bassett long-term care home is co-owned 75.3% by the MOH and 24.7% by the RHA. The cost of this development has been accounted for as a government partnership and a tangible capital asset equal to a 24.7% share of the construction costs has been recorded as a capital asset. Based on the economic substance of the arrangement, Canadian Public Sector Accounting Standards require that 100% of the costs be reported as a capital asset. As a result, capital assets are understated by $9,350,242 and grant revenue of the capital fund and ending fund balances are understated by $9,350,242.

Qualified Opinion

In our opinion, except for the effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of Prince Albert Parkland Regional Health Authority as at March 31, 2013, March 31, 2012 and April 1, 2011 and the results of its operations, changes in fund balances and its cash flows for the years ended March 31, 2013 and March 31, 2012 in accordance with Canadian public sector accounting standards.

Prince Albert, Saskatchewan

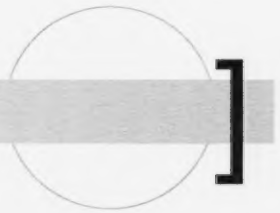
June 13, 2013

MNP LLP
Chartered Accountants

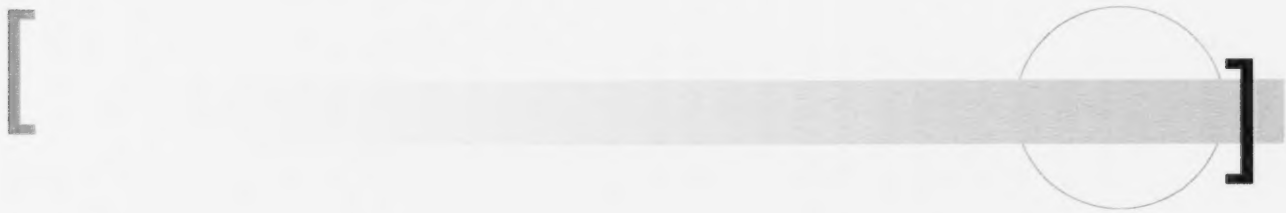
101 - 1061 Central Avenue, Prince Albert, Saskatchewan, S6V 4V4, Phone: (306) 764-6873, (855) 667-3310

MNP

Financial report



For the year ending March 31, 2013



Financial report

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT 1: STATEMENT OF FINANCIAL POSITION
As at March 31, 2013

	Restricted Funds					
	Operating Fund	Capital Fund	Community Trust Fund	Total March 31, 2013	Total March 31, 2012 (Note 11)	Total April 1, 2011
ASSETS						
Current assets						
Cash and short-term investments	$ 10,220,455	$ 11,774,563	$ 141,810	$ 22,136,827	$ 31,733,632	$ 53,107,295
Accounts receivable						
Ministry of Health - General Revenue Fund	461,942	-	-	461,942	659,591	550,014
Other	1,377,672	5,604,647	280	6,982,599	3,401,928	2,260,816
Inventory	862,540	-	-	862,540	1,039,734	1,041,465
Prepaid expenses	1,012,991	-	-	1,012,991	961,278	654,722
	13,935,599	17,379,209	142,090	31,456,899	37,796,163	57,614,312
Long Term Receivables (Note 3)	-	-	643,586	643,586	694,723	694,723
Investments (Schedule 2)	-	-	33,484	33,484	33,025	679,576
Capital assets (Note 4)	-	87,591,131	-	87,591,131	72,396,078	57,910,226
Total Assets	$ 13,935,599	$ 104,970,340	$ 819,160	$ 119,725,099	$ 110,919,989	$ 116,898,837
LIABILITIES & FUND BALANCES						
Current liabilities						
Accounts payable	$7,003,424	$ 5,541,896	$ -	$ 12,545,320	$ 12,392,152	$ 10,588,324
Other Payable - Prince Albert Grand Council	180,848	-	-	180,848	180,848	2,596,810
Accrued salaries	2,951,856	-	-	2,951,856	2,131,527	6,379,516
Vacation payable	11,831,562	-	-	11,831,562	11,016,247	10,578,932
Bank Loan payable - Current (Note 6)	-	179,000	-	179,000	169,000	161,000
Mortgages payable – Current (Note 6)	-	500,272	-	500,272	470,553	442,198
Deferred Revenue (Note 7)	5,751,215	-	-	5,751,215	5,904,108	6,984,785
	27,718,906	6,221,168	-	33,940,073	32,264,435	37,731,565
Long term liabilities						
Bank Loan Payable (Note 6)	-	3,770,000	-	3,770,000	3,951,000	4,120,000
Mortgages payable (Note 6)	-	5,216,341	-	5,216,341	5,733,162	6,225,405
Employee future benefits (Note 12)	5,762,600	-	-	5,762,600	5,762,200	5,797,000
Total Liabilities	33,481,506	15,207,509	-	48,689,014	47,710,797	53,873,970
Fund Balances:						
Invested in capital assets	-	77,925,518	-	77,925,518	62,072,363	46,961,623
Externally restricted (Schedule 3)	-	7,223,864	819,160	8,043,024	15,606,029	31,498,455
Internally restricted (Schedule 4)	-	4,613,450	-	4,613,450	4,921,037	4,479,609
Unrestricted	(19,545,906)	-	-	(19,545,906)	(19,390,237)	(19,914,820)
Fund balances – (Statement 2)	(19,545,906)	89,762,831	819,160	71,036,085	63,209,192	63,024,867
Total Liabilities & Fund Balances	$ 13,935,599	$ 104,970,340	$ 819,160	$ 119,725,099	$ 110,919,989	$ 116,898,837

Approved by the board of directors

D J Cook

B. R. Abramenko

Commitments (Note 5)
Asset Retirement Obligations (Note 5)
Pension Plan (Note 12)

The accompanying notes and schedules are part of these financial statements

Financial report

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT 2: INCOME STATEMENT
As at March 31, 2013

	Operating Fund			Restricted			
	Budget 2013	2013	2012 (Note 11)	Capital Fund 2013	Community Trust Fund 2013	Total 2013	Total 2012 (Note 11)
REVENUES							
Ministry of Health - general	$ 193,587,459	$ 196,860,871	$ 190,844,770	$ 3,915,377	$ -	$ 3,915,377	$ -
Other provincial	1,564,946	1,479,803	2,037,627	-	-	-	-
Federal government	232,765	600,730	315,678	283,337	-	283,337	283,336
Patient & client fees	6,930,275	6,826,746	6,762,776	-	-	-	-
Out of province (reciprocal)	531,640	828,428	529,221	-	-	-	-
Out of country	220,000	22,127	125,872	-	-	-	-
Donations	53,000	37,592	113,463	439,244	-	439,244	242,886
Ancillary	1,133,358	1,116,730	1,084,040	-	-	-	-
Investment	300,000	269,626	324,319	156,219	21,705	177,924	321,510
Recoveries	3,465,790	3,764,611	3,746,294	6,551,151	-	6,551,151	-
Research grants	-	-	-	-	-	-	-
Other	156,900	116,920	571,224	140,449	-	140,449	1,380,118
Total revenues	**208,176,133**	**211,924,185**	**206,455,284**	**11,485,777**	**21,705**	**11,507,482**	**2,227,850**
EXPENSES							
Inpatient & resident services							
Nursing Administration	4,501,817	4,730,216	4,403,868	16,082	-	16,082	34,803
Acute	37,933,706	40,508,713	40,012,091	1,772,325	-	1,772,325	1,907,312
Supportive	32,111,570	33,868,401	32,565,341	1,517,453	-	1,517,453	1,712,222
Integrated	-	-	-	-	-	-	-
Rehabilitation	-	-	-	-	-	-	-
Mental health & addictions	4,813,978	5,005,480	4,553,365	12,371	-	12,371	23,490
Total inpatient & resident services	**79,361,071**	**84,112,810**	**81,534,665**	**3,318,230**	**-**	**3,318,230**	**3,677,827**
Physician compensation	**19,030,388**	**18,275,993**	**17,163,229**	**687**	**-**	**687**	**687**
Ambulatory care services	**11,675,805**	**11,720,778**	**11,555,551**	**242,810**	**-**	**242,810**	**286,424**
Diagnostic & therapeutic services	**19,185,034**	**19,248,661**	**17,407,941**	**442,826**	**-**	**442,826**	**548,444**
Community health services							
Primary health care	3,133,160	2,587,019	2,321,780	6,527	-	6,527	3,668
Home care	11,568,171	11,413,466	10,852,633	18,611	-	18,611	16,406
Mental health & addictions	10,635,134	10,929,485	10,306,405	108,021	-	108,021	107,683
Population health	7,079,921	7,027,924	6,289,423	5,169	-	5,169	17,453
Emergency response services	4,145,237	4,276,037	4,204,530	1,715	-	1,715	8,904
Other community services	446,122	381,566	404,785	252	-	252	252
Total community health services	**37,007,746**	**36,615,496**	**34,379,556**	**140,295**	**-**	**140,295**	**154,366**
Support services							
Program support	10,107,474	9,626,297	9,584,202	107,733	-	107,733	92,777
Operational support	29,880,496	30,276,893	30,636,909	232,312		232,312	214,128
Other support	452,312	394,729	366,764	202,906	10,000	212,906	339,905
Employee future benefits	-	400	(34,800)	-			
Total support services	**40,440,282**	**40,298,319**	**40,553,075**	**542,951**	**10,000**	**552,951**	**646,810**
Ancillary	**458,452**	**514,776**	**468,607**	**120,142**	**-**	**120,142**	**121,627**
Total expenses (Schedule 1)	**207,158,778**	**210,786,833**	**203,062,624**	**4,807,941**	**10,000**	**4,817,941**	**5,436,185**
Excess (deficiency) of revenues over expenses	**$ 1,017,355**	**1,137,352**	**3,392,660**	**6,677,836**	**11,705**	**6,689,541**	**(3,208,335)**
Interfund transfers (Note 15)		(1,293,022)	(2,868,077)	1,353,022	(60,000)	1,293,022	2,868,077
Increase (decrease) in fund balances		**(155,670)**	**524,583**	**8,030,858**	**(48,295)**	**7,982,563**	**(340,258)**
Fund balances, beginning of year		(19,390,237)	(19,914,820)	81,731,974	867,455	82,599,429	82,939,687
Fund balances, end of year		$ (19,545,907)	$ (19,390,237)	$ 89,762,832	$ 819,160	$90,581,992	$ 82,599,429

The accompanying notes and schedules are part of these financial statements.

Financial report

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT 3: STATEMENT OF CHANGES IN FUND BALANCES
As at March 31, 2013

2013	Operating Fund	Capital Fund	Community Trust Fund	Accumulated remeasurement gains (losses)	2013
Fund balance, beginning of year	$ (19,390,237)	$ 81,731,974	$ 867,455	-	$ 63,209,192
Excess (deficiency) of revenues over expenses	1,137,352	6,677,836	11,705	-	7,826,892
Interfund transfers (Note 15)	(1,293,022)	1,353,022	(60,000)	-	-
Fund balance, end of year	$ (19,545,907)	$ 89,762,832	$ 819,160	-	$ 71,036,085

2012	Operating Fund	Capital Fund	Community Trust Fund	Total 2012
				(Restated note 20)
Fund balance, beginning of year	$ (19,914,820)	$ 81,425,484	$ 1,514,203	$ 63,024,867
Excess (deficiency) of revenues over expenses	3,392,660	(3,216,136)	7,801	184,325
Interfund transfers (Note 15)	(2,868,077)	3,522,626	(654,549)	-
Fund balance, end of year	$ (19,390,237)	$ 81,731,974	$ 867,455	$ 63,209,192

The accompanying notes and schedules are part of these financial statements.

Financial report

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT 4: STATEMENT OF CASH FLOW
As at March 31, 2013

	Operating Fund		Restricted Fund			
	2013	2012 (Note 11)	Capital Fund	Community Trust Fund	Total 2013	Total 2012 (Note 11)
Cash Provided by (used in):						
Operating activities:						
Excess (deficiency) of revenue over expenditure	$ 1,137,352	$ 3,392,660	$ 6,677,836	$ 11,705	$ 6,689,541	$ (3,208,335)
Net change in non-cash working capital (Note 8)	43,590	(9,466,850)	(1,664,861)	51,186	(1,613,675)	2,373,051
Amortization of capital assets	-	-	4,303,764	-	4,303,764	4,670,956
Investment income on long-term investments	-	-	-	(459)	(459)	-
(Gain)/loss on disposal of capital assets	-	-	-	-	-	127,579
	1,180,942	(6,074,190)	9,316,738	62,432	9,379,170	3,963,251
Purchase of capital assets						
Buildings/construction	-	-	(1,146,301)	-	(1,146,301)	(310,665)
Equipment	-	-	(1,934,556)	-	(1,934,556)	(1,895,975)
Construction In Progress	-	-	(16,263,602)	-	(16,263,602)	(17,079,746)
Land and Leasehold improvements	-	-	(154,357)	-	(154,357)	-
Proceeds on disposal of capital assets	-	-	-	-	-	-
Equipment	-	-	-	-	-	2,000
(Purchase) Disposal of long-term investment	-	-	-	-	-	646,551
	-	-	(19,498,816)	-	(19,498,816)	(18,637,835)
Repayment of debt	-	-	(658,104)	-	(658,104)	(624,888)
Net increase (decrease) in cash & short term investments during the year	1,180,943	(6,074,190)	(10,840,181)	62,432	(10,777,750)	(15,299,472)
Cash & short term investments, beginning of year	10,332,534	19,274,801	21,261,722	139,377	21,401,099	33,832,494
Interfund transfers (Note 15)	(1,293,022)	(2,868,077)	1,353,022	(60,000)	1,293,022	2,868,077
Cash & short term investments, end of year (Schedule 2)	$ 10,220,455	$ 10,332,534	$ 11,774,563	$ 141,809	$ 11,916,371	$ 21,401,099

The accompanying notes and schedules are part of these financial statements.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2013

1. Legislative Authority

The Prince Albert Parkland Regional Health Authority (RHA) operates under The Regional Health Services Act (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Prince Albert Parkland Health Region, under section 27 of The Act. The Prince Albert Parkland RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the Income Tax Act of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants (CICA), except as explained below. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270. As these are the RHA's first financial statements prepared in accordance with PSA standards, Section PS 2125, First-time Adoption by Government Organizations, has been applied. The RHA has also chosen to early adopt Section PS 3450, Financial Instruments, as further explained in Note 14.

During the year, the Authority entered into new shared ownership arrangements with the Ministry of Health for certain capital projects. Following the direction of the Ministry of Health, the Authority recorded their proportionate ownership interest in tangible capital assets under construction rather than the full cost of the capital projects as set out by the Ministry of Finance. The accounting for these capital projects constitutes a departure from Canadian public sector accounting standards.

The RHA's financial statements were previously prepared in accordance with Canadian generally accepted accounting principles (Canadian GAAP), as set forth in Part V of the CICA Handbook. The impact of the transition from Canadian GAAP to public sector accounting standards is described in Note 20.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

Canadian Mental Health Association
Cooperative Health
Family Futures
Prince Albert Mobile Crisis Unit
PA Early Childhood Intervention
Blaine Lake Ambulance
Parkland Ambulance
Spiritwood Ambulance
S.H.A.R.E

Note 10b (i) provides disclosure of payments to prescribed HCOs and third Parties.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2013

ii) The following affiliate is incorporated (and is a registered charity under the Income Tax Act of Canada):

Mont. St Joseph Home Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA financial statements. Alternatively, Note 10b (ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii) The Victoria Hospital Foundation Inc. (the Foundation) is incorporated under The Non-Profit Corporations Act and is a registered charity under The Income Tax Act.

Under the Foundation's Articles of Incorporation, all funds raised by the Foundation after payments of reasonable expenses must be used to purchase and transfer assets to the RHA, for the purpose to provide health care services.

These financial statements do not include the financial activities of the foundation. Alternatively, Note 10b (iii) provides supplementary information on the foundation.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund
The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund
The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues from Saskatchewan Health—General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund
The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2013

c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 1/2% to 5%
Land improvements and leasehold improvements	10% to 20%
Equipment	5% to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

f) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

g) Employee future benefits

i) Pension Plan

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2013

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of contractual obligations and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these items carried at fair value are recognized through the Statement of Remeasurement Gains and Losses at each period end. Gains and losses on these financial instruments are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchase of investments are recorded on the trade date. Investment consists of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed

As at March 31, 2013 (2012 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level1 in the fair value hierarchy.

j) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

k) Volunteer Service

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2013

3. Long-Term Receivable

Community Trust:
The Kinistino and District Health Foundation Inc. and the Birch Hills and Area Health Care Foundation Inc. hold the pre-amalgamation funds on behalf of the RHA. The amounts that are held in these funds are listed below.

	2013	2012
Kinistino and District Health Foundation Inc.	$ 543,438	$ 594,723
Birch Hills and Area Health Care Foundation Inc.	100,148	100,000
	$ 643,586	$ 694,723

4. Capital Assets

	March 31, 2013			March 31, 2012
	Cost	Accum Amortization	Net Book Value	Net Book Value
Land	$ 763,429	$ -	$ 763,429	$ 621,079
Land Improvements	1,508,867	932,408	576,458	619,366
Buildings	92,343,822	52,293,760	40,050,063	41,258,529
Equipment	35,862,792	28,148,389	7,714,403	7,673,928
Construction in progress	38,486,778	-	38,486,778	22,223,176
	$ 168,965,688	$ 81,374,557	$ 87,591,131	$ 72,396,078

5. Contractual obligations

a) Capital Asset Acquisitions

At March 31, 2013 contractual obligations for the acquisition of capital assets and capital projects were $10,588,687(2012 - $34,303,412). Included in the contractual obligation is an amount for the construction of new hospital and Long Term Care facility were $10,046,091. A co ownership agreement exists with the Ministry of Health who will assume 75.3% of both the assets and the contractual obligation for the Pineview Terrace project in the amount of $6,941,869 and the obligation of Prince Albert Parkland Health Region is $2,277,081 which will assume 24.7%.

At March 31, 2012 commitments for acquisition of capital assets were $938,762 and commitments for the construction of capital projects were $33,364,650.

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2014	$ 532,240
2015	458,235
2016	436,083
2017	357,830
2018	213,991

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c) Asset Retirement Obligations

The RHA has identified asset retirement obligations for which the fair value cannot be reasonably estimated due to the indeterminate timing and scope of removal. The asset retirement obligation for these assets will be recorded in the period in which there is sufficient information to estimate fair value.

d) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2013. Note 10 b) provides supplementary information on Health Care Organizations.

6. Mortgages Payable

Title of Issues	Interest Rate	Annual Repayment Terms	Balance Outstanding 2013	2012
Birchview Nursing Home CMHC, due December 1, 2018	4.54%	$95,038 principal & interest of which $24,329 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015	**$480,421**	$ 552,136
Evergreen Health Centre CMHC, due September 1, 2023	4.54%	$51,714 principal & interest of which $13,112 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015	**431,942**	463,496
Hafford & District Nursing CMHC, due February 1, 2030	10.00%	$26,719 principal & interest of which $4,990.56 is subsidized directly by SHC – Mortgage renewal date – February 1, 2030.	**235,404**	241,117
Idylwild Lodge CMHC due June 1, 2020	4.69%	$122,699 principal & interest of which $33,035 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2016.	**753,964**	839,546
Jubilee Lodge CMHC, due November 1, 2020	4.32%	$55,261 principal & interest of which $15,045 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2016.	**360,444**	399,395
Jubilee Lodge Rental Units CMHC, due May 1, 2015	5.125%	$11,341 principal & interest.	**23,205**	33,096
Lakewood Lodge CMHC, due September 1, 2021	4.69%	$108,777 principal & interest of which $29,437 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2016.	**762,621**	834,235
Parkland Terrace CMHC, due April 1, 2027	8.00%	$43,944 principal & interest, with an amount of $27,255 forgivable at $1,553 per year over the life of the mortgage if regular payments are made. Mortgage renewal date – April 1, 2027.	**397,512**	413,145
Rabbit Lake Health Centre CMHC, due September 1, 2021	4.54%	$43,506 principal & interest of which $11,063 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015.	**306,680**	335,709
Wheatland Lodge CMHC, due April 1, 2026	4.69%	$99,482 principal & interest of which a certain amount is subsidized monthly based on the net loss of the shelter component. Mortgage renewal date – August 1, 2016.	**973,922**	1,026,920
Whispering Pine Place CMHC, due July 1, 2023	4.39%	$119,187 principal & interest of which $29,756 is subsidized by SHC. Mortgage renewal date – June 1, 2015.	**990,498**	1,064,920
			5,716,613	6,203,715
Less: Current portion			**500,272**	470,553
			$5,216,341	$5,733,162

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Additional security is provided on the mortgages for Jubilee Lodge and Birchview Nursing Home by security

agreements on equipment and furnishings and the assignment of rents and leases. Additional security is provided for the mortgages of Idylwild Lodge, Evergreen Health Centre, Hafford & District Nursing, Lakewood Lodge, Parkland Terrace, Rabbit Lake Health Centre, Wheatland Lodge and Whispering Pine Place by the assignment of land and equipment.

Principal repayments required in each of the next five years are estimated as follows:

2014	$ 500,272	2017	$ 590,786
2015	$ 532,360	2018	$ 628,900
2016	$ 556,834	2019 and subsequent	$ 2,907,462

Loan for Energy Efficiency Renovations

The RHA entered into a loan agreement with the Royal Bank of Canada to fund energy efficiency enhancements throughout the region. The balance owing at March 31st, 2013 was $3,949,000 (2012, $4,120,000). The loan bears a blended interest rate of 5.03% (3.99% fixed rate). The terms of the loan require monthly principal and interest payments of $31,140.

Principal repayments required in each of the next five years are estimated as follows:

2014	$ 179,000	2017	$ 208,000
2015	$ 188,000	2018	$ 219,000
2016	$ 198,000	2019 and subsequent	$ 2,957,000

7. Deferred Revenue

As at March 31,2013	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health - General Revenue Fund	$ -	$ -	$ -	$ -
Aboriginal Awareness Funding	15,000	2,635	-	12,365
Autism Intervention Training	14,359	-	-	14,359
Autism Spectrum Disorders Services	482,986	-	70,000	552,986
Bursaries	-	-	25,000	25,000
Children's Mental Health	-	-	-	-
Cont. Education/Development	-	-	-	-
Dental Intiative	79,983	43,705	67,700	103,978
Epidemiological Monitoring	50,000	-	-	50,000
Family Physician On-Call	-	-	97,236	97,236
Family Treatment Centre	98,118	150,174	370,238	318,182
Fetal Alcohol Spectrum Disorder	-	159,635	200,000	40,365
Healthy Workplace Action Strategy	2,718	2,718		(0)
Hemiplegia Education Event	173	173		-
HIV Strategy	498,803	159,707	40,000	379,096
Immunization Programs	117,507	42,924	11,250	85,833
Infection Control	178,722	49,095	-	129,627
Literacy Training Program	702	702	-	(0)
Mental Health Home Enhancements	243,002	11,400	92,129	323,731
Muskeg Lake	-	-	-	-
National Ambulatory Care System	20,000	20,000	-	-
Nursing Manager Compensation	-	-	-	-

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As at March 31,2013	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Nursing Mentorship	82,073	42,641	-	39,432
Pandemic	69,008	23,496	-	45,512
Patient Family Centred Care	10,000	-	-	10,000
Picture Exchange	3,192	3,192	-	-
Pineview Youth Centre	112,056	112,056	-	-
Primary Care	273,791	44,254	395,000	624,537
A & D Initiatives	1,177,366	111,866	-	1,065,500
Quality Health Workplace	61,572	-	-	61,572
Recruitment Initiatives	150,000	150,000	-	-
Safe Needle Cleanup	28,185	-	-	28,185
Safety Training	47,729	-	-	47,729
Shared Decision Making	13,015	13,015		-
Surgical Initiatives	697,889	547,889	-	150,000
Virtual Falls Prevention	-	-	-	-
Total Sask Health	**$ 4,527,949**	**$ 1,691,277**	**$ 1,368,553**	**$ 4,205,225**
Non Sask Health Initiatives				
Acquired Brain Injury	$ 432,947	$ 671,513	$ 842,293	$ 603,728
Autism (Sask Rivers)	-	-	25,000	25,000
Cognitive Disabilities (Consultant)	33,422	74,391	96,193	55,224
Community Addictions	105,000		35,000	140,000
Corrections	283,104	276,830	270,000	276,274
Dental Program	103,500			103,500
Integrated Case Management Training	5,812			5,812
LEAN	92,541	92,541		-
Live Well	-		2,500	2,500
Literacy Training Program	5,500	5,500		-
Nursing Recruitment	296,616	17,358		279,258
Releasing Time to Care	7,449			7,449
SAHSN	-			-
Other	10,267	8,152	45,130	47,245
Total Non Sask Health	**$ 1,376,159**	**$ 1,146,285**	**$ 1,316,116**	**$ 1,545,990**
Total Deferred Revenue	**$ 5,904,108**	**$ 2,837,562**	**$ 2,684,669**	**$ 5,751,215**

As at March 31,2012	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health - General Revenue Fund	$ -	$ -	$ -	$ -
Aboriginal Awareness Funding	25,000	25,000	15,000	15,000
Autism Intervention Training	14,359	-	-	14,359
Autism Spectrum Disorders Services	485,730	74,244	71,500	482,986
Children's Mental Health	120,895	120,895	-	-
Cont. Education/Development	11,389	11,389	-	-
Dental Intiative	-	-	79,983	79,983
Epidemiological Monitoring	50,000	-	-	50,000
Family Treatment & Social Detox	98,118	-	-	98,118
Fetal Alcohol Spectrum Disorder	181	181	-	-
Healthy Workplace Action Strategy	20,992	18,274	-	2,718
Hemiplegia Education Event	2,230	2,057	-	173
HIV Strategy	526,000	267,697	240,500	498,803
Immunization Programs	118,283	22,196	21,420	117,507
Infection Control	148,011	25,102	55,813	178,722
Literacy Training Program	17,525	16,823	-	702
Mental Health Home Enhancements	167,143	92,291	168,150	243,002

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As at March 31,2012	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Muskeg Lake	124,105	124,105	-	-
National Ambulatory Care System	20,000	-	-	20,000
Nursing Manager Compensation	164,135	164,135	-	-
Nursing Mentorship	139,588	178,462	120,947	82,073
Pandemic	92,504	23,496	-	69,008
Patient Family Centred Care	10,000	-	-	10,000
Picture Exchange	3,192	-	-	3,192
Pineview Youth Centre	-	-	112,056	112,056
Primary Care	260,275	6,483	20,000	273,791
A & D Initiatives	1,240,966	63,600	-	1,177,366
Quality Health Workplace	66,350	4,779	-	61,572
Recruitment Initiatives	150,000	-	-	150,000
Safe Needle Cleanup	57,993	51,808	22,000	28,185
Safety Training	47,729	-	-	47,729
Shared Decision Making	10,000	7,485	10,500	13,015
Surgical Initiatives	1,526,633	1,513,633	684,889	697,889
Virtual Falls Prevention	500	500		-
Total Sask Health	**$ 5,719,826**	**$ 2,814,635**	**$ 1,622,758**	**$ 4,527,949**
Non Sask Health Initiatives				
Acquired Brain Injury	$ 258,777	$ 642,881	$ 817,052	$ 432,947
Cognitive Disabilities (Consultant)	55,043	111,944	90,323	33,422
Community Addictions	105,000	-	-	105,000
Corrections	248,385	235,281	270,000	283,104
Dental Program	-	1,100	104,600	103,500
Integrated Case Management Training	5,812	-	-	5,812
LEAN	110,745	18,204	-	92,541
Literacy Training Program	8,717	8,717	5,500	5,500
Nursing Recruitment	340,045	43,429	-	296,616
Releasing Time to Care	12,742	5,292	-	7,449
SAHSN	20,000	20,000	-	-
Other	99,694	102,787	13,360	10,267
Total Non Sask Health	**$ 1,264,959**	**$ 1,189,636**	**$ 1,300,835**	**$ 1,376,159**
Total Deferred Revenue	**$ 6,984,785**	**$ 4,004,271**	**$ 2,923,593**	**$ 5,904,108**

8. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2013	2012	Capital Fund	Community Trust Fund	Total 2013	Total 2012
(Increase) Decrease in accounts receivable	$ 455,775	$ (359,675)	$(3,838,846)	$ 51,186	$(3,787,660)	$ (891,014)
(Increase) Decrease in inventory	177,194	1,731	-	-	-	-
(Increase) Decrease in prepaid expenses	(51,713)	(306,556)	-	-	-	-
(Increase) Decrease in financial instruments	-	-	-	-	-	-
Increase (Decrease) in accounts payable	(2,020,817)	(3,876,199)	2,173,985	-	2,173,985	3,264,065
Increase (Decrease) in accrued salaries	820,329	(4,247,989)	-	-	-	-
Increase (Decrease) in vacation payable	815,315	437,315	-	-	-	-
Increase (Decrease) in deferred revenue	(152,893)	(1,080,677)	-	-	-	-
Increase (Decrease) in employee future benefits	400	(34,800)	-	-	-	-
	$ 43,590	$(9,466,850)	$(1,664,861)	$ 51,186	$(1,613,675)	$ 2,373,051

9. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2013 was $ 147,068(2012 - $129,174). These amounts are not reflected in the financial statements.

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	2013	2012
Patient / resident	$ 114,888	$ 97,782
Leoville Union Hospital – Pre-amalgamation	$ 32,180	$ 31,392
	$ 147,068	$ 129,174

10. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Governmental organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2013	2012
Accounts Receivable		
Co-operative Health Centre	$ 5,100	$ 31,560
North Sask Laundry	28,665	46,734
eHealth Saskatchewan	429,535	544,526
WCB	111,932	145,929
Kelsey Trail Health Region	26,491	2,870
SK Health Quality Council	17,585	46,711
	$ 619,308	$ 818,330
Accounts Payable		
eHealth Saskatchewan	$ 31,095	$ 28,861
Ministry of Central Services	54,373	53,267
North Sask Laundry	177,443	292,108
3sHEALTH	690,095	627,277
Sask Energy	85,310	50,358
Sask Power	87,524	134,463
Sask Tel	134,198	27,836
SHEPP	1,228,258	1,185,420
WCB	-	1,152,851
	$ 2,488,296	$ 3,552,441
Revenues		
Co-operative Health Centre	$ 89,854	$ 121,271
North Sask Laundry	352,862	287,041
3sHEALTH (Nursing Recruitment)	85,000	649,000
S.G.I.	810,687	757,432
WCB	243,242	320,269
eHealth Saskatchewan	132,141	216,996
SK Health Quality Council	71,440	46,711
	$ 1,785,226	$ 2,398,720

	2013	2012
Expenditures		
Canadian Mental Health Association		$ 296,296
Ministry of Finance	98,454	138,389
Ministry of Central Services	817,709	751,063
North Sask Laundry	2,170,865	2,258,027
Prairie North Health Region	77,852	96,224
Public Employees Pension	324,106	365,375
3sHEALTH	8,252,763	8,158,118
Sask Energy	589,923	494,632
Sask Mobility	128,629	120,651
Sask Power	1,228,614	1,210,784
Sask-Tel	557,342	307,457
SHEPP	16,339,774	15,967,839
WCB	2,061,404	2,085,969
eHealth Saskatchewan	214,173	245,095
	$ 32,861,608	$ 32,495,919
Pre-Paid Expenses		
eHealth Saskatchewan	$ 49,793	$ 53,201
3sHEALTH	26,729	125,940
WCB	524,088	472,269
	$ 600,610	$ 651,410

* only significant/material amounts are listed in this table (greater than $20,000)

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b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2013	2012
Canadian Mental Health Association	$ 300,452	$ 296,296
Cooperative Health	503,449	372,533
Family Futures	131,763	46,940
Prince Albert Mobile Crisis Unit	80,466	79,308
Prince Albert Early Childhood Intervention	46,095	45,369
S.H.A.R.E.	781,523	547,810
Blaine Lake Ambulance	396,655	370,625
Parkland Ambulance	2,735,522	2,841,077
Spiritwood Ambulance	1,026,958	1,062,465
	$ 6,002,883	**$ 5,662,423**

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates.

The following presentation discloses the amount of funds granted to each affiliate:

	2013	2012
Mont St. Joseph Home Inc.	$8,071,289	$7,710,882

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entity for the years ended March 31, for 2013 and 2012.

	2013	2012
Balance Sheet		
Assets	**$ 746,177**	$ 663,052
Net Capital Assets	**9,203,952**	9,524,006
Total Assets	**$ 9,950,129**	$ 10,187,058
Total Liabilities	**$ 1,347,879**	$ 1,328,439
Total Net Assets (Fund Balances)	**8,602,250**	8,858,619
	$ 9,950,129	$ 10,187,058
Results of Operations		
RHA Grant	**$ 8,071,289**	$ 7,710,882
Other Revenue	**1,972,019**	1,973,892
Total Revenue	**$ 10,043,308**	$ 9,684,774

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	2013	2012
Salaries & Benefits	**$ 8,241,291**	$ 8,086,392
Other Expenses*	**2,058,386**	1,927,013
Total Expenses	**$ 10,299,677**	$ 10,013,405
Excess (deficiency) of revenues over expenses	**$ (256,369)**	$ (328,631)
*Other Expenses includes amortization of $460,126 (2012- $450,761)		
Cash Flows		
Cash from Operations	**$ 332,990**	$ 11,027
Cash used in Financing Activities	**(2,960)**	(2,760)
Cash used in Investing Activities	**(140,072)**	(160,455)
Increase (decrease) in cash	**$ 189,958**	$ (152,188)

*Cash used in investing activities includes capital purchases of $140,072 (2012 - $160,455)

iii) Fundraising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Victoria Hospital Foundation (the Foundation). The Prince Albert Parkland RHA has an economic interest in the Foundation. In accordance with donor-imposed restrictions, $759,277 (2012-$571,109) of the foundation's net assets must be used to purchase specialized equipment. The foundation's total expenses include contributions of $466,843 (2012 - $198,515) to the RHA.

The Foundation has not been consolidated in the RHA's financial statements. Financial statements of the Foundation are available upon request. Financial summaries of the unconsolidated entity for the years ended March 31, 2013 and 2012 are as follows:

Balance Sheet	2013	2012
Total Assets	$ 896,479	$ 872,973
Total Liabilities	22,525	75,516
Total Net Assets (Fund Balances)	873,954	797,457
	$ 896,479	$ 872,973
Results of Operations		
Total Revenue	817,161	684,628
Salaries & Benefits	184,310	152,321
Other Expenses*	556,354	283,749
Total Expenses*	740,664	436,070
Excess (deficiency) of revenues over expenses	$ 76,497	$ 248,558

*Total Expenses include contributions of $466,843 (2012 - $198,515) to the Regional Health Authority and amortization of $286 (2012 - $1,872)

Cash Flows		
Cash From Operations	$ 17,257	$ 106,042
Cash Used in Financing Activity		
Cash Used in Investing Activity*	-	-
Increase (decrease) in cash	$ 17,257	$ 106,042

*Investing Activities includes capital purchases of $0 (2012 - $0)

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11. Comparative Information

Certain 2012 balances have been reclassified to conform to the current year's presentation.

12. Employee future benefits

a) Pension plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Employees' Pension Plan (PEPP) (a related party) – This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation—Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2013			2012
	SHEPP**	PEPP	Total	Total
Number of active members	2,079	29	2,108	2,065
Member contribution rate, percentage of salary	7.7 - 10%*	5 - 7%*		
RHA contributions rate, percentage of salary	8.63-11.20%*	5 - 7%*		
Member contributions (thousands of dollars)	7,703	153	7,856	7,702
RHA contributions (thousands of dollars)	8,627	155	8,782	8,623

* Contribution rate varies based on employee group.
** Active members are employees of the RHA, including those on leave of absense as of March 24, 2012. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

b) Accumulated sick leave benefit liability

The cost of accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2013. Key assumptions used as inputs into the actuarial calculation are as follows:

	2013	2012
Discount rate	2.75%	3.75%

	2013	2012
Accrued benefit obligation, beginning of year	$ 5,762,200	$ 5,797,000
Cost for the year	400	(34,800)
Benefits paid during the year	-	-
Accrued benefit obligation, end of year	$ 5,762,600	$ 5,762,200

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13. Budget

The RHA Board approved the 2013 budget plan on May 17, 2012

14. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk, and liquidity risk.

The Chairperson ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Chairperson oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health—General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2013	2012
Cash and Short-term investments	$ 22,136,827	$ 31,733,632
Accounts receivable		
Ministry of Health - General Revenue Fund	461,942	659,591
Other	6,982,599	3,401,928
Investments	33,484	33,025
	$ 29,614,852	$ 35,828,176

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2013

d) Market Risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include guaranteed investment certificates and long term bonds bearing interest at coupon rates. The RHA's mortgage payable outstanding as at March 31, 2013 and 2012 have fixed interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

The RHA's investments are in minimal risk investments. Therefore the risk of interest rate fluctuations are insignificant.

e) Liquidity Risk

Liquidity risk is the risk that the RHA will not able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, the RHA has a cash balance of $19,310,805(2012- $21,410,839)

f) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2013

- Accounts payable
- Accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

- The fair value of mortgages payable and long term debt before the repayment required within one year, is $5,969,031 (2012 - $6,518,548) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted price, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is base on unobservable inputs. There were no items measured at fair value using level 3 in 2012 or 2013.

There were no items transferred between levels in 2012 or 2013.

	2013			2012		
	Level 1	Level 2	Total	Level 1	Level 2	Total
Investments	$ 22,170,311	$ -	$22,170,311	$31,766,657	$ -	$ 31,766,657
Mortgages payable	$ -	$5,969,031	$ 5,969,031	$ -	$6,518,548	$ 6,518,548

g) Operating Line-of-Credit

The Regional Health Authority has a line-of-credit limit of $1,000,000 (2012 - $1,000,000) with an interest charged at prime minus 0.50%, which is re-negotiated annually. The line-of-credit is secured by an Overdraft Borrowing Agreement supported by a Borrowing Resolution and by an assignment and hypothecation of revenues. Total interest paid on the line-of-credit in 2013 was $2.82 (2012 - $0.00).

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2013

15. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2013			2012		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ 60,000	$ (60,000)	$ -	$ -	$ -
Equipment Purchases	(255,482)	255,482	-	-	-	-
SHC reserves	(127,212)	127,212	-	(24,588)	24,588	-
Energy Performance Loans	(396,000)	396,000	-	(363,000)	363,000	-
Mortgage payments	(521,355)	521,355	-	(521,355)	521,355	-
Other	7,027	(7,027)	-		2,613,683	(654,549)
	$ (1,293,022)	$ 1,353,022	$ (60,000)	$ (2,868,077)	$ 3,522,626	$ (654,549)

16. Energy Renewal Project

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. SaskPower Energy Solutions performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. June 1st, 2010 the Prince Albert Parkland Regional Health Authority entered into a guaranteed energy performance savings contract with SaskPower Energy Solutions Company. To date the SaskPower Energy Solutions Company has not been able to provide results of yearly savings due to ongoing construction projects.

17. Natural Gas Supply Contracts

The Prince Albert Parkland Regional Health Authority has entered into natural gas supply contracts. Gas contracts in place for the Victoria Hospital are managed by 3sHealth on behalf of the health region. Gas contracts in place for all other facilities for the period November 1st, 2011 to October 31st, 2013 guarantee pricing at $4.85/ gigajoule.

18. Collective Agreements

The HSAS contract was in effect until March 31, 2013. The SUN contract is in effect until March 31, 2014. The CUPE contract was in effect until March 31, 2012.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2013

19. Pay for Performance

Effective April 1, 2011, a pay for performance compensation plan was introduced. Amounts over 90% of base salary are considered 'lump sum performance adjustments'. Senior employees are eligible to earn lump sum performance adjustments up to 110% of their base salary. During the year, senior employees are paid 90% of current year base salary and lump sum performance adjustments related to the previous fiscal year. At March 31, 2013, lump sum performance adjustments relating to 2012-13 have not been determined as information required to assess senior employee performance is not yet available.

20. Transition to public sector accounting standards

Adoption of public sector accounting framework

As stated in Note 2, these are the RHA's first financial statement prepared in accordance with Canadian public sector accounting standards. The accounting policies set out in Note 2 have been applied consistently in preparing the financial statements for the year ended March 31,2013, the comparative information presented in these financial statements and the opening statement of financial position as at April 1,2011 (the RHAs date of transition to public sector accounting standards).

a) Financial Instruments

Effective April 1, 2012 the RHA adopted the PSA standards for financial instruments (PSA Handbook Section PS 3450). Section PS 3450 establishes standards on how to account for and report all type of financial instruments, including derivatives. Section PS 3450 has been applied prospectively, in accordance with the transitional provisions of the Section.

Upon adoption of Section PS 3450 the RHA was required to assign its financial instruments to one of two measurement categories: fair value; or cost or amortized cost. Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. The RHA's other financial assets and financial liabilities are measured at cost or amortized cost. Carrying amounts are in each instance disclosed in the Statement of Financial Position.

The adoption of Section PS 3450 had no impact on the recognition and measurement of financial instruments reported in these financial statements. There were additional item related to presentation and disclosure of financial instruments that have been added to Note 14 as a result of the adoption of this standard.

b) Employee future benefits

The RHA made an adjustment to the 2011 financial statements with respect to the accounting for employee future benefits. Specifically, this adjustment related to accounting policy differences under public sector accounting standards with respect to the determination of the obligation for accumulated sick leave.

In aggregate, the resulting increase to the liability for employee future benefit at April 1, 2011 was $5,797,000. Employee future benefit expense for the year ended March 31, 2012 decreased by $34,800.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2013

The impact of these restatements on the comparative figures is as follows:

Summary of adjustments

c) Fund balances

The following table summarizes the impact of the transition to PSA standards on the RHA's fund balances as of April 1, 2011:

Fund balances as at April 1, 2011:	
Fund balances, as previously reported	$68,821,867
Adjustment to employee future benefits liability	(5,797,000)
Fund balances, as currently reported	$63,024,867
Fund balances as at March 31, 2012:	
Fund balances, as previously reported	$68,971,392
Adjustment to employee future benefits liability	(5,762,200)
Fund balances, as currently reported	$63,209,192

d) Excess (deficiency) of revenues over expenses:

As a result of the retrospective application of PSA standards, the RHA recorded the following adjustment to excess (deficiency) of revenues over expenditures for the year ended March 31, 2012:

Excess (deficiency) of revenues over expenses for the year ended March 31, 2012:	
Excess (deficiency) of revenues over expenses, as previously reported	$149,525
Adjustment to employee future benefits expense	34,800
Excess (deficiency) of revenues over expenses, as currently reported	$ 184,325

Financial report

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE 1: SCHEDULE OF EXPENDITURES BY OBJECT
As at March 31, 2013

	Budget 2013	Actual 2013	Actual 2012 (Note 11)
Operating:			
Advertising & public relations	110,558	102,441	81,483
Board costs	113,627	80,733	102,603
Compensation - benefits	23,843,331	24,100,642	23,190,950
Compensation -employee future benefits	-	400	(34,800)
Compensation - salaries	117,914,548	122,583,502	116,807,056
Continuing education fees & materials	354,549	303,713	322,371
Contracted-out services - other	3,070,247	3,212,727	3,297,072
Diagnostic imaging supplies	116,037	134,080	120,758
Dietary supplies	223,825	199,522	229,482
Drugs	2,367,444	2,251,203	2,224,002
Food	2,391,500	2,490,962	2,495,040
Grants to ambulance services	3,980,354	4,120,885	4,042,330
Grants to health care organizations & affiliates	9,082,124	9,169,748	8,519,530
Housekeeping & laundry supplies	1,372,436	1,190,753	1,246,781
Information technology contracts	288,724	465,244	213,696
Insurance	337,188	328,564	326,379
Interest	24,714	27,602	37,580
Laboratory supplies	1,171,516	1,257,492	1,157,404
Medical & surgical supplies	4,761,181	4,647,591	4,889,858
Medical remuneration & benefits	19,993,440	19,432,456	18,325,274
Meetings	65,684	81,681	53,431
Office supplies & other office costs	776,052	267,342	751,613
Other	139,993	281,625	157,312
Professional fees	925,513	906,431	768,326
Prosthetics	1,153,593	1,322,177	1,382,164
Purchased salaries	2,029,761	2,263,095	1,712,031
Rent/lease/purchase costs	2,732,051	2,257,937	3,366,994
Repairs & maintenance	2,054,522	2,289,201	2,157,929
Supplies - other	1,024,942	1,027,766	1,136,464
Therapeutic supplies	126,465	89,094	103,810
Travel	1,736,780	1,606,907	1,504,843
Utilities	2,876,079	2,293,317	2,372,857
Total Operating Expenses	$207,158,778	$ 210,786,833	$203,062,624
Restricted:			
Amortization		4,303,764	4,670,956
Loss/(Gain) on disposal of fixed assets		-	127,579
Mortgage interest expense		291,271	314,461
Other		222,906	323,189
		$ 4,817,941	$ 5,436,185

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PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE 2: SCHEDULE OF INVESTMENTS
As at March 31, 2013

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short-term				
Chequing and Savings:				
CIBC - Prince Albert, Sk	$ 8,478,310			
RBC - Prince Albert	41,516			
Shellbrook Credit Union	11,829	4/5/2013	1.66%	
Shellbrook Credit Union	15,715	9/18/2015	2.25%	
Shellbrook Credit Union	135,034	3/29/2014	0.80%	
Shellbrook Credit Union	165,514	6/1/2014	1.30%	
Shellbrook Credit Union	65,340	2/21/2014	0.80%	
Shellbrook Credit Union	61,047	3/14/2015	1.40%	
Shellbrook Credit Union	99,475	3/14/2015	1.30%	
Shellbrook Credit Union	61,262	5/7/2013	1.65%	
Shellbrook Scotia Bank Cash	43,512			
Shellbrook Credit Union Cash	7,465			
Renaissance Savings Account	2,730,353			
Total Cash & Short Term Investments	$ 11,916,372			
Long Term				
Shellbrook Scotia Bank Cash	33,484			
Total Long Term Investments	$ 33,484			
Total Restricted Investments	**$ 11,949,856**			
Unrestricted Investments				
Cash and Short-Term				
Petty Cash	$ 11,135			
C.I.B.C. - Prince Albert, Sk	3,693,229			
Shellbrook Credit Union	44,127			
Marcelin Credit Union	23,960			
Leoville Credit Union	444			
Scotiabank (Kinistino)	56,095			
Spiritwood Credit Union	27,605			
RBC Cash	290			
Manulife Inv. Savings Account	292,538			
CIBC - GIC	500,000	11/6/2013	1.44%	
CIBC - Wood Gundy Equity	188,582			
CIBC - GIC	1,543,780	11/6/2014	1.47%	
Montreal Trust - GIC	100,000	11/6/2014	2.00%	
National Trust Company - GIC	100,000	11/6/2014	2.00%	
Renaissance Savings Account	3,638,669			
Total Cash & Short Term Investments	$ 10,220,455			
Long Term				
Total Long Term Investments	$ -			
Total Unrestricted Investments	**$ 10,220,455**			
Total Investments	**$ 22,170,311**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 22,136,827			
Total Long Term	33,484			
Total Investments	**$ 22,170,311**			

*Restricted Investments consist of:
- Community generated funds trasnferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4).

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PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE 3: SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
As at March 31, 2013

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
Kinistino and District Health Foundation Inc.	$ 594,723	$ 18,715	$ -	$ (10,000)	$ (60,000)	$ 543,438
Birch Hills and Area Health Care Foundation Inc.	100,000	148	-	-	-	100,148
Agnew Estate	33,355	409	-	-	-	33,764
Prince Albert Parkland Regional Health Authority	139,377	2,433	-	-	-	141,810
Total Community Trust Fund	**$ 867,455**	**$ 21,705**	**$ -**	**$ (10,000)**	**$ (60,000)**	**$ 819,160**

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Family Treatment Center	$ 4,974,528	$ 40,623	$ -	$ -	$ (4,189,125)	$ 826,026
Pineview Terrace / Shellbrook Integrated Facility	6,843,667	$ 6,607,037	3,156,893	-	(12,480,590)	4,127,007
Block Funding	2,788,252	$ 22,769	420,000	-	(1,031,991)	2,199,030
Surgical Initiatives	60,326	$ 493	-	-	(60,819)	-
Capital Equipment	71,801	586	455,000	-	(455,586)	71,801
Total Capital Fund	**$ 14,738,574**	**$ 6,671,508**	**$ 4,031,893**	**$ -**	**$ (18,218,111)**	**$ 7,223,864**

TOTAL EXTERNALLY RESTRICTED FUNDS	**$ 15,606,029**	**$ 6,693,213**	**$ 4,031,893**	**$ (10,000)**	**$ (18,278,111)**	**$ 8,043,024**

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PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE 4: SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
As at March 31, 2013

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to nvestment in capital asset fund balance	Balance, end of year
SHC Replacement Reserves						
Birchview Home	$ 13,464	$ 97	$ 5,075	$ -	$ -	$ 18,636
Hafford Special Care Centre	12,946	145	4,250	-	-	17,341
Herb Bassett Home	380,917	4,562	49,740	-	-	435,219
Idlwild Lodge	29,284	296	10,000	-	-	39,580
Jubilee Lodge	24,355	390	17,600	-	-	42,345
Jubilee Units	91,312	1,586	7,755	-	-	100,653
Lakewood Lodge	77,566	990	9,100	-	(6,553)	81,103
Parkland Terrace	90,875	1,318	7,707	-	(35,143)	64,757
Wheatland Lodge	49,665	589	7,750	-	-	58,004
Whispering Pine Place	57,288	645	8,235	-	(9,682)	56,486
Total SHC	$ 827,672	$ 10,618	$ 127,212	$ -	$ (51,378)	$ 914,124
Other Internally Restricted Funds						
Begin Estate	3,776	50	-	-	-	3,826
Ferris Estate	32,172	426	-	-	-	32,598
Herb Bassett Home Chapel	3,689	49	-	-	-	3,738
Poole Estate	20,424	270	-	-	-	20,694
Information Technology	110,634	1,464	-	-	-	112,098
Renal	47,684	631	-	-	-	48,315
Smith Estate	83,105	1,096	-	(2,043)	-	82,158
Tadman Estate	31,861	418	-	(4,984)	-	27,295
Watsang Estate	11,592	153	-	-	-	11,745
Capital Purchases fund	3,748,428	20,686	255,482	-	(667,738)	3,356,858
Total Internally Restricted	**$ 4,921,037**	**$ 35,861**	**$ 382,694**	**$ (7,027)**	**$ (719,116)**	**$ 4,613,450**

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PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE 5: CONSOLIDATED SCHEDULE OF BOARD MEMBERS REMUNERATION
As at March 31, 2013

RHA Members	2013							2012
	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Abrametz, B		$ 5,450	$ 525	666	$ -	$ 239	$ 6,880	$ 5,816
Bighead, S		825	238	410	-	46	1,518	3,093
Cadieu, G		1,488	825	1,381	-	101	3,794	11,022
Code, D		4,588	900	1,511	-	237	7,235	6,632
Dobrowolsky, G	9,960	16,665	2,306	3,548	-	1,154	33,633	29,706
Ewanchuk, R		800	225	352	-	55	1,432	10,026
Fee, B		4,213	375	2,407	-	164	7,159	
Jurgens, A		700	75	115	-	94	984	5,049
McFee, D		-	-	-	-	-	-	1,718
Olson, J		3,125	1,000	1,386	-	171	5,682	7,541
Osmundson, G		1,713	650	1,089	-	-	3,451	-
Otterson, H		3,938	1,213	2,189	-	210	7,550	-
Schwab, S		3,838	1,275	2,394	-	199	7,706	8,968
Total	$ 9,960	$ 47,340	9,606	17,447	$ -	2,670	$ 87,023	$ 89,571

Financial report

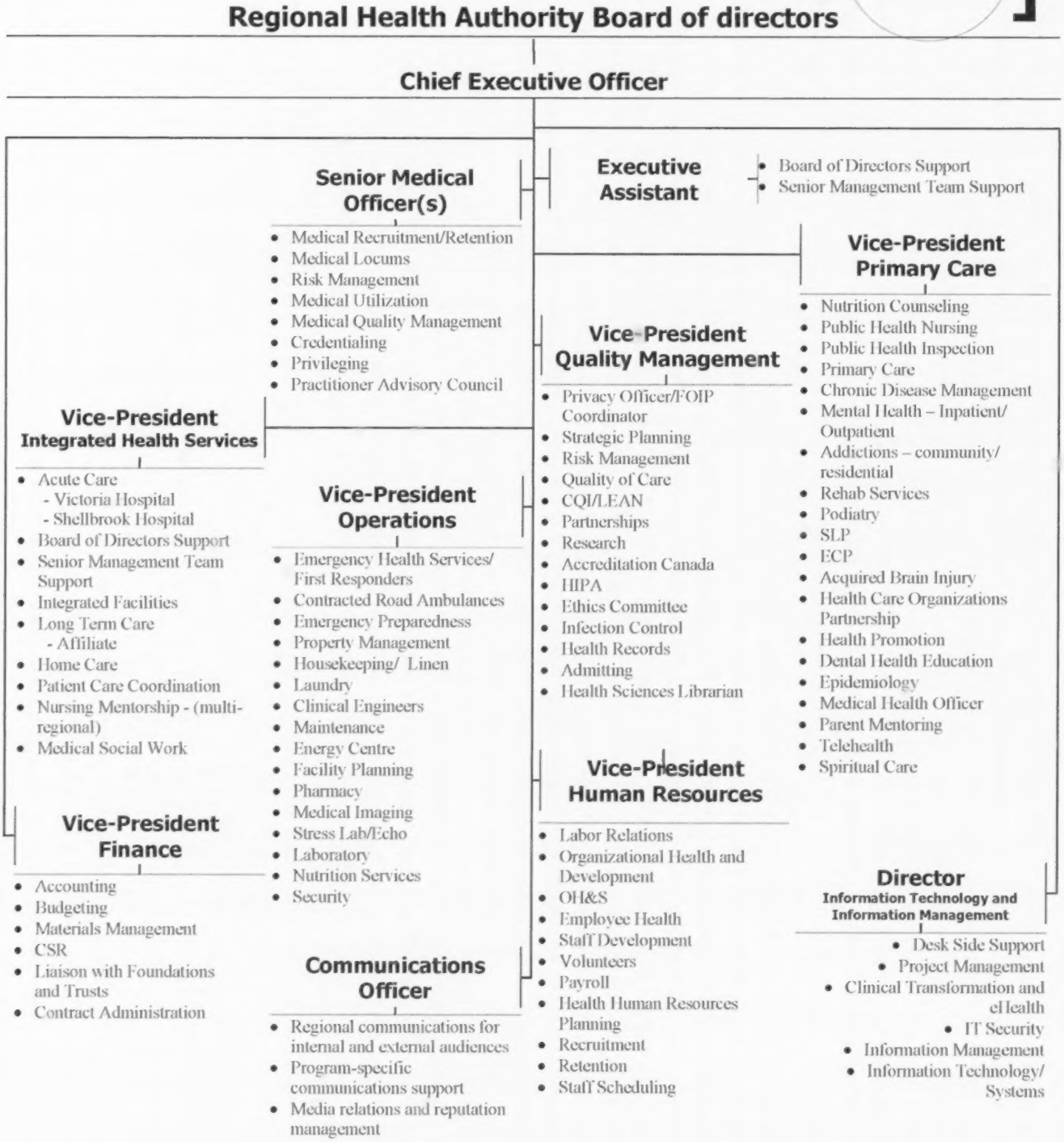
PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE 5: CONSOLIDATED SCHEDULE OF SENIOR MANAGEMENT
SALARIES, BENEFITS, ALLOWANCES AND SEVERANCES
As at March 31, 2013

	2013					2012		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Cecile Hunt, Chief Executive Officer	$ 244,384	$ 4,449	$ 248,834	$ -	$ 248,834	$ 276,793	$ -	$ 239,857
Lynnda Berg, Vice-President	163,946	66	$ 164,012	-	164,012	180,538	-	159,654
Jamie Callahan, Vice-President	173,410	66	$ 173,476	-	173,476	180,770	-	153,926
Cheryl Elliott, Vice-President	129,342	66	$ 129,408	-	129,408	76,768	-	67,002
Carol Gregoryk, Vice-President	176,952	66	$ 177,018	-	177,018	184,649	-	158,978
Morgan Kennedy, VP	-	-	$ -		-	86,736	140,387	227,123
John Piggott, VP	162,262	66	$ 162,328	-	162,328	170,552	-	153,926
Patricia Stuart, VP	158,379	66	$ 158,445	-	158,445	167,978	-	145,917
Doug Dahl, Communications Officer	81,804	66	$ 81,870	-	81,870	71,385	-	71,385
Kathy Holmgren, Executive Assistant	63,946	66	$ 64,012	-	64,012	60,597	-	60,597
Dr B Hookenson, Senior Physician Executive	155,213		$ 155,213	-	155,213	152,226	-	152,226
Dr E Royeppen, Senior Physician Executive	212,218		$ 212,218	-	212,218	205,060	-	205,060
Dr K Chokani, Medical Health Officer	359,371		$ 359,371	-	359,371	332,306	-	332,306
Total	$2,081,227	$ 4,977	$2,086,205	$ -	$2,086,205	$2,146,358	$ 140,387	$2,127,957

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. Senior employee salaries were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2013 and will be paid out in the 2013-14 fiscal year. This schedule will be amended in the 2013-14 fiscal year to reflect the performance adjustments. Refer to Note 19 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

Appendix A: Organizational Chart



Appendix B: Directory

Prince Albert

Acquired Brain Injury (ABI) Services
1521 6th Ave. West 306-765-6630
Facsimile 306-765-6657
Toll-free 1-866-899-9951

Access Place – Sexual Health Clinic
101 15 St East 306-765-6540
Nurse Practitioner 306-765-6541

Addiction Services, Adult & Problem Gambling
2nd Floor - 101 15 St East 306-765-6550
Facsimile 306-765-6554
Toll Free 1-855-765-6550

Addiction Services, Youth
2nd Floor - 101 15 St East 306-765-6565
Facsimile 306-765-6567

Brief and Social Detox Centre
1200 24th St. West 306-765-6700
Facsimile 306-765-6701

Community Dietitian 306-765-6464

Diabetes Education Centre 1521 6th Ave. West.. 306-765-6464
Facsimile 306-765-6524

Public Health Nutritionist 306-765-6604

School Nutritionist 306-765-6609

Dermatology 2345 10th Ave. West 306-765-6317

fitLife Cardio-Pulmonary Rehab Program
Room 200, 20 14th Street West 306-765-6590
Facsimile 306-765-6594

Health Promotion & Education
1521 6th Ave. West 306-765-6641
Or 306-765-6627

Herb Bassett Home 1220 25th St West 306-765-6000

Home Care - Regional Office
Unit D – 4050 2nd Ave. West 306-765-2450

Lab Service Centre South Hill Mall 306-765-6319

Mental Health Outpatient Services
Victoria Square—2345 10th Ave. W. 306-765-6055
Facsimile 306-765-6349
Toll-free 1-888-765-6055

Mental Health Inpatient Services
Regional Mental Health Centre 306-765-6053

Pineview Terrace Long-term Care
701 13th St. West 306-765-6570

Prince Albert Parkland Health Region
Corporate Office—1521 6th Ave. West S6V 5K1 .. 306-765-6400
Facsimile 306-765-6401
Communications 306-765-6409
Financial Services 306-765-6420
Regional Health Authority (Board) 306-765-6400
Human Resources 306-765-6430
Facsimile 306-765-6431
Patient Safety and Quality Managers 306-765-6499
Facsimile 306-764-4131
Privacy and Freedom of Information Officer 306-883-4460
Volunteer Services 306-765-6010
Facsimile 306-763-2871

Public Health Inspection 1521 6th Ave. West 306-765-6600
Facsimile 306-765-6624
Medical Health Officer 306-765-6600

Public Health Nursing
2nd Floor, L.F. McIntosh Building, 800 Central Ave
..... 306-765-6500
Facsimile 306-765-6536
Dental Health Educator 306-765-6502
Hearing Aid Plan 306-765-6520
Immunization Clinic 306-765-6510
Prenatal Classes 306-765-6510

Sexual Health Clinic – Access Place
101 15 St East 306-765-6540
Anonymous HIV Testing 306-765-6540
Hepatitis C Clinic 306-765-6545

Therapies Victoria Hospital 306-765-6126
Facsimile 306-765-6284

Travel Health Clinic McIntosh Mall 306-765-6506

Victoria Hospital
1200 24th St. West 306-765-6000
Toll Free—Prince Albert 1-800-922-1834
Facsimile 306-763-2871
Patient Care Coordinator Unit 306-765-6199
Victoria Hospital Foundation 306-765-6105
Facsimile 306-765-6120

Appendix B: Directory

Big River

Big River Health Centre
220 1st Ave. North 306-469-2220
Or 306-469-2333
Facsimile 306-469-2193

Big River Primary Health Care Clinic
220 1st Ave. North 306-469-2055

Public Health Nursing 220 1st Avenue North 306-469-2505
Facsimile 306-469-2603

Birch Hills

Birch Hills Health Facility 3 Wilson Street
Birch Hills Primary Health Care Clinic 306-749-3331
Facsimile 306-749-2440
Birchview Home 306-749-2288
Or 306-749-3488
Facsimile 306-749-2406
Director of Care 306-749-3565
Mental Health/ Addictions 306-749-3302

Blaine Lake

Blaine Lake Primary Health Care Clinic
307 Main St 306-497-2494
Facsimile 306-497-2557

Home Care 307 Main St 306-497-2664

Canwood

Whispering Pine Place 300 1st Ave 306-468-2900
Facsimile 306-468-2199

Debden

Home Care 4 – 204 2nd Ave. East 306-724-2110

Hafford

Hafford Special Care Centre and Primary Care Site
213 South Ave East 306-549-2108
Administration 306-549-2103
Facsimile 306-549-2104
Hafford Primary Health Care Clinic 306-549-2323
Clinic Facsimile 306-549-4660

Home Care
213 South Ave East 306-549-4266

Kinistino

Jubilee Lodge 401 Meyers Ave. 306-864-2851
Facsimile 306-864-3220

Kinistino Primary Health Care Clinic
401 Meyers Ave. 306-864-2212
Facsimile 306-864-3220

Leask

Home Care Hwy 40 306-466-2280

Wheatland Lodge Hwy 40 306-466-4949
Facsimile 306-466-2209

Leoville

Evergreen Health Centre 1st Ave 306-984-2136
Facsimile 306-984-2046

Shellbrook

Parkland Integrated Health Centre 100 Dr. J. L. Spencer Drive
Main Phone 306-747-2603
Main Facsimile 306-747-3004
Long-Term Care 306-747-6840
Long-Term Care Manager's Office 306-747-6832
Long-Term Care Recreation 306-747-6841
Director of Care 306-747-6830
Home Care 306-747-6811
Public Health 306-747-6827
Addictions Services 306-747-6815
Mental Health 306-747-6813
Therapies 306-747-6822
Therapies 306-747-6823
Director Primary Care 306-747-6818

Shellbrook Primary Health Care Clinic
206 2nd Avenue West 306-747-2552

Spiritwood

Home Care Area office, 400 1st East 306-883-4266
Facsimile 306-883-4440

Prince Albert Parkland Health Region
400 1st St. East 306-883-4474
Facsimile 306-883-4440

Public Health Nursing
400 1st Street East 306-883-4470
Facsimile 306-883-4440

Spiritwood and District Health Complex
400 1st East 306-883-2133
Facsimile 303-883-4440
Toll Free—Spiritwood 1-800-887-6251
Primary Health Care and Medical Clinic services 306-883-4400
Addictions Services 306-883-4479
Community Mental Health Nurse 306-883-4462
Parent Support Worker 306-883-4463
Therapies 306-883-2133

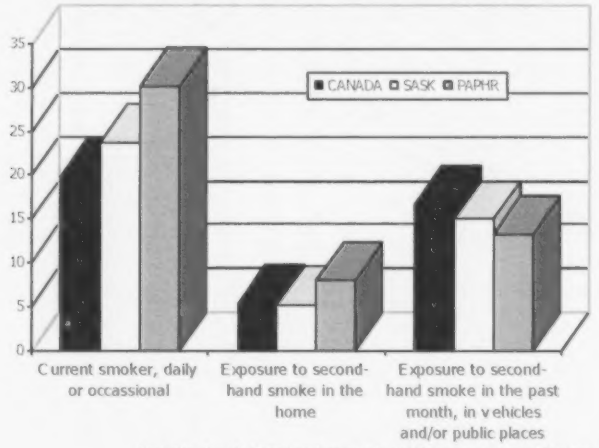
Appendix C: Health indicators

This section includes a variety of data about the population health and health system performance of the Prince Albert Parkland Regional Health Authority.

It includes data from Statistics Canada and the Canadian Institute for Health Information (CIHI).

This data is used by the Prince Albert Parkland Regional Health Authority to identify strategic priorities for health care services, as well as developing population health plans with a variety of health system and community partners.

Smoking and exposure to smoking (2011)



Statistics Canada Canadian Community Health Survey - Annual Component—May 2013

Perceived health as very good or excellent (% of population 12 years and over)

	2009	2010	2011
PAPHR	57.2	52.2	48.6
Saskatchewan	58.7	57.3	56.8
Canada	60.5	60.1	59.9

Statistics Canada Canadian Community Health Survey - Annual Component—May 2013

Perceived mental health as very good or excellent (% of population 12 years and over)

	2009	2010	2011
PAPHR	75.8	70.5	67.1
Saskatchewan	71.7	71.3	68.4
Canada	73.9	73.9	72.6

Statistics Canada Canadian Community Health Survey - Annual Component—May 2013

Perceived health as fair or poor (% of population 12 years and over)

	2009	2010	2011
PAPHR	12.2	14	17.1
Saskatchewan	11.6	11.5	12.1
Canada	11	11.6	11.5

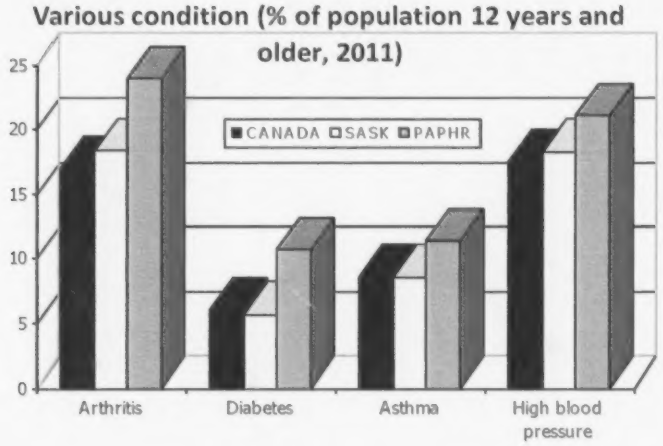
Statistics Canada Canadian Community Health Survey - Annual Component—May 2013

Perceived mental health as fair or poor (% of population 12 years and over)

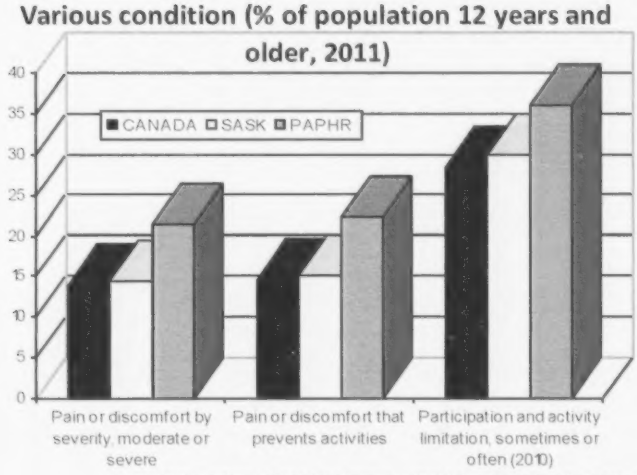
	2009	2010	2011
PAPHR	4.5	6.1	6.4
Saskatchewan	5.4	5.1	6.8
Canada	5.1	5.3	5.6

Statistics Canada Canadian Community Health Survey - Annual Component—May 2013

Appendix C: Health indicators



Statistics Canada Canadian Community Health Survey - Annual Component—May 2013



Statistics Canada Canadian Community Health Survey - Annual Component—May 2013

Perceived life stress, quite a lot (% of 15 years and over)

	2009	2010	2011
PAPHR	24.5	16.3	19.6
Saskatchewan	19	19.3	18.5
Canada	23.2	23.5	23.6

Statistics Canada Canadian Community Health Survey - Annual Component—May 2013

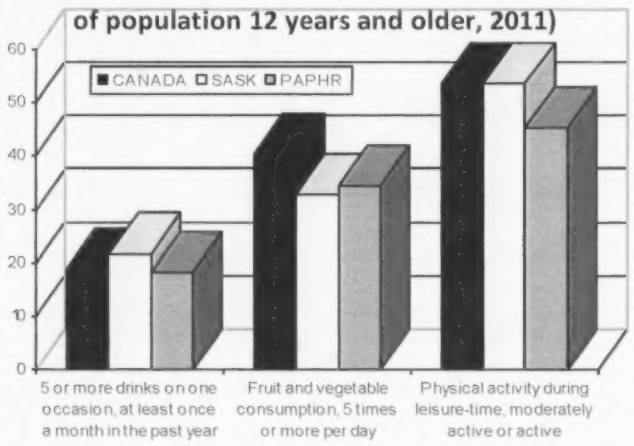
Body mass index, self-reported, adult, overweight or obese (% of 18 years and over)

	2009	2010	2011
PAPHR	64.9	69.9	67.7
Saskatchewan	58.6	58.9	59.4
Canada	51.6	52.3	52.1

Statistics Canada Canadian Community Health Survey - Annual Component—May 2013

Appendix C: Health indicators

Lifestyle/behaviours influencing health status (% of population 12 years and older, 2011)


CANADA SASK PAPHR
60
50
40
30
20
10
0
5 or more drinks on one occasion, at least once a month in the past year
Fruit and vegetable consumption, 5 times or more per day
Physical activity during leisure-time, moderately active or active

Statistics Canada Canadian Community Health Survey - Annual Component—May 2013

Mood disorder
(% of 12 years and over)

	2009	2010	2011
PAPHR	7.9	7	7.9
Saskatchewan	7.1	6.6	8.3
Canada	6.3	6.5	7

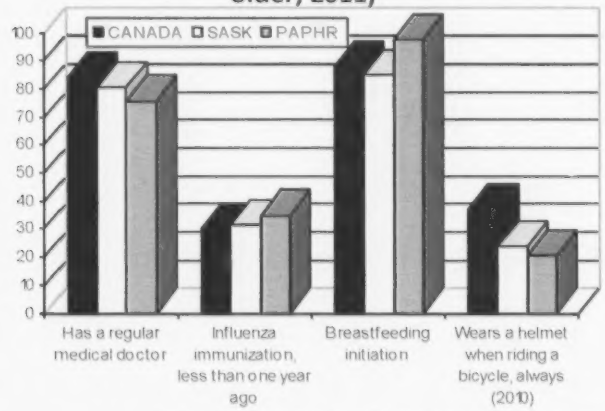
Statistics Canada Canadian Community Health Survey - Annual Component—May 2013

Sense of belonging to local community, somewhat strong or very strong
(% of 12 years and over)

	2009	2010	2011
PAPHR	73.8	64.1	71.6
Saskatchewan	71	72	72.4
Canada	65.4	65.4	64.8

Statistics Canada Canadian Community Health Survey - Annual Component—May 2013

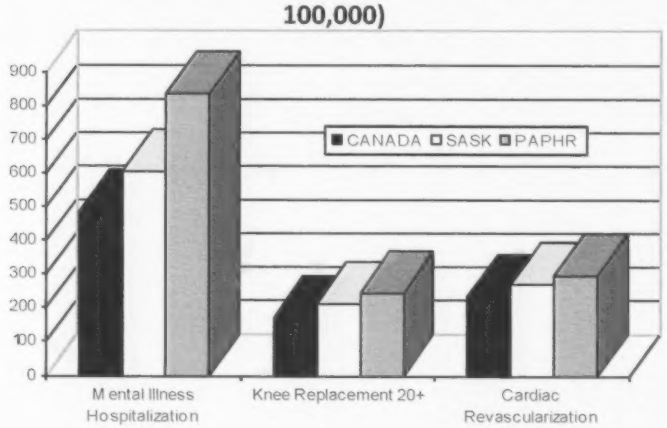
Health indicators (% of population 12 years and older, 2011)



Statistics Canada Canadian Community Health Survey - Annual Component—May 2013

Appendix C: Health indicators

Specific health care services 2011 (rate per 100,000)



Canadian Institute for Health Information—Indicators, May 2013

Specialist Physicians (per 100,000 population)

	2009	2010	2011
PAPHR	41	47	61
Saskatchewan	72	75	80
Canada	99	101	103

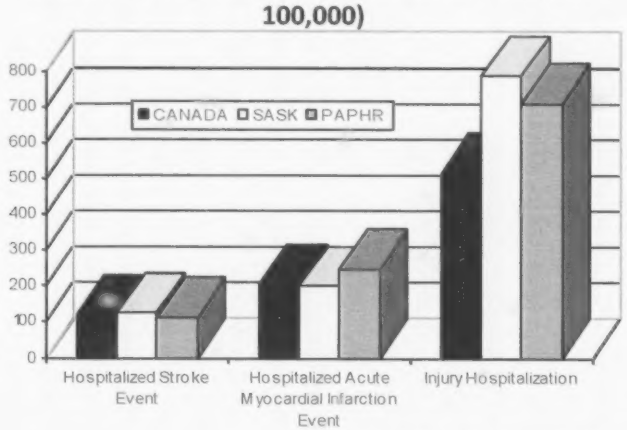
Canadian Institute for Health Information—Indicators, May 2013

General Practitioner/Family Physicians (per 100,000 population)

	2009	2010	2011
PAPHR	106	104	118
Saskatchewan	94	95	100
Canada	103	104	106

Canadian Institute for Health Information—Indicators, May 2013

Hospitalizations specific cause 2011 (rate per 100,000)



Canadian Institute for Health Information—Indicators, May 2013

Appendix D: Payee disclosure list

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2013

Regions are required to disclose payments by payee for the fiscal year in the annual report. The Government of Saskatchewan Treasury Board determines the threshold for payees requiring disclosure. The minimum threshold is $50,000. Payees are to be sorted into the following 4 categories and include the following information:

Personal Services—disclose the name and amount paid to individuals of the RHA who received salaries, wages, bonuses, honoraria and compensation for personal service. This category includes unionized and non-unionized employees, senior management (that are also included in Schedule 5 of the Audited Financial Statements), and contracts where an 'employee/employer relationship' is established.
The amount paid includes the following:

Salaries—regular base pay, overtime, lump sum payments, honoraria/retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, taxable employee education expenses, car allowances, and any other direct cash remuneration including sick leave, short-term disability, vacation, and differentials.

Contracts—the total amount paid (over the threshold) if an "employee/employer" relationship exits. If the relationship does not exist and the payment is over the minimum threshold, report the amount as a "Supplier Payment"

Transfers—disclose the payees name and amount paid for each payee receiving payments for: program grants, funding, foundations, donations, sponsorships and HCOs, over the minimum threshold. Do not disclose details for programs of a confidential and personal nature. Transfers amount for each Affiliate equals the total grant (or funding) less the amount recorded in the previous section for personal services for that affiliate.

Supplier Payments—disclose payees name and amount paid for the provision of goods and/or services to the RHA. Also, include contracts over the minimum threshold of contracts where an "employer/employee" relationship does NOT exist.

Other Expenditures—disclose payees name and amount paid for expenditures of the RHA above the threshold not included in other categories.

Appendix D: Payee disclosure list

Personal Services

AARRESTAD	DANITA	$	62,877.74
ABRAMETZ	CATHRYN	$	50,068.88
ALASAGAS	TITO MARI	$	107,528.71
ALDOUS	KAYLLA	$	67,004.80
ALEY	LENDRA	$	82,897.00
ALLEN	ALETA	$	103,777.36
ALLEN	MARLENE	$	103,059.34
ALVAREZ	D CHI MIN	$	113,809.35
ALVAREZ	RICHARD	$	120,752.68
AMUNDSON	LUCILLE	$	93,609.71
AMYOTTE	CORRINE	$	67,592.78
AMYOTTE	JANELLE	$	90,858.37
ANAKA	KIM	$	101,791.79
ANDERSON	BRIAN	$	51,600.75
ANDERSON	MICHELLE	$	55,010.09
ANDERSON	SHELLY	$	69,951.54
ANDRE	BRENDA	$	64,294.32
ANDRES	BONNIE	$	64,937.45
ANTOINE	BEVERLY	$	50,922.52
ANTOINE	JANE	$	106,590.39
APPLEGATE	JANA	$	77,276.77
APPLEYARD	APRIL	$	75,234.07
APRIL	SUSAN	$	75,454.65
AQUINO	RONALD JA	$	103,373.04
ARBUCKLE	TAINA	$	54,575.07
ARCAND	ROSEMARIE	$	50,772.33
ARCAND	ROXANNE	$	69,077.14
ARCHER	MARGARET	$	66,838.47
ARCHIBALD	CHRIS	$	77,972.74
ARCHIBALD	PAMELA	$	109,799.64
ASCHENBRENNER	CATHERINE	$	88,780.81
ASCHENBRENNER	JOANNE	$	63,695.12
ASHWORTH	SUSAN	$	74,511.21
ASPLIND	JANICE	$	51,190.65
ATCHESON	WANDA	$	107,708.87
AUG	ANGELA	$	73,373.09
AUG	LAURA	$	86,501.23
AUSTIN	CATHERINE	$	63,081.41
AUSTIN	CATHY	$	51,962.68
BADGLEY	STEPHANIE	$	70,573.31
BAGLOLE	SHAUNA	$	73,353.85
BAGONGON	IRIS ELLA	$	70,278.86
BAGONGON	IRVIN	$	99,237.54
BAIN	RANDY	$	68,929.44
BALDREY	JENA	$	79,175.17
BALICKI	LENNIE	$	104,881.23
BALICKI	LESIA	$	109,736.24
BALICKI	VALERIE	$	72,067.38
BALON	PATRICIA	$	53,635.89
BALONE	CLAIRE	$	88,345.23
BALONE	YVONNE	$	74,497.48
BANNERMAN	LORETTE	$	97,479.05
BARCELONA	CAROLINE	$	123,785.49
BARGEN	REBECCA	$	70,475.36
BASARABA	CONNIE	$	62,135.12
BATAWALA	AMANDA	$	58,566.82
BATISARISARI	JUDY	$	104,599.44
BATTY	DARLENE	$	124,318.85
BAUTISTA	JOEY CHRI	$	102,693.60
BEAR	ALISON	$	96,652.26
BEAR	MILDRED	$	58,509.92
BEAULIEU	DOLORES	$	67,315.75
BEDDOME	JUDY	$	77,862.18
BEECHER	PAT	$	52,993.39
BELAIR	CHELSEA	$	67,661.31
BELAIR	KIMBERLY	$	76,021.86
BELANGER	MEGAN	$	73,188.26
BELTRAN YU	RONNIE PO	$	128,493.37
BENNETT	LORNA	$	57,704.38
BENOIT	DENISE	$	53,944.42
BENSON	BARBARA	$	75,477.90
BENTZ	STACY	$	67,950.01
BERES	CHELSEY	$	75,202.68
BERG	LYNNDA	$	183,058.91
BERG KOLODY	LISA	$	121,348.48
BERGEN	PATRICA	$	74,169.91
BERGQUIST	CARLA	$	64,300.88
BERKACH	TANISHA	$	78,778.83
BEST	MARGOT	$	105,582.47
BEVAN	EVELYN	$	98,163.44
BIBBY	BRAD	$	73,870.47
BILLAY	JASON	$	97,483.01
BILLAY	M ELAINE	$	62,907.22
BILLAY	ROBERT	$	71,412.86
BIRCHAM	TABBATHA	$	70,897.64
BISSKY	AMANDA	$	59,278.59
BISSKY	BORIS	$	64,294.75
BJERKNESS	LUCILLE	$	64,186.48
BLACKBURN	ANTHONY	$	73,768.76
BLAHUT	DARCY	$	64,489.00
BLAIN	DANIELLE	$	67,596.91
BLAIR	MICHELLE	$	94,272.14
BLAIS	JOAN	$	54,521.55
BLECHINGER	CHARITY	$	68,230.30
BLECHINGER	KEVIN	$	79,697.56
BLOCKA	LYNN	$	93,452.04
BLOOR	LAVERN JO	$	69,009.97
BODNARCHUK	MARJORIE	$	106,456.58
BOEHM	DEBRA	$	53,382.16
BOISSON	SHERRI	$	67,212.31
BOLOTNIUK	LORI LEE	$	94,719.75
BONAR	CONNIE	$	64,010.22
BONNE ANNEE	BRUNETTE	$	67,171.01
BOOTH	JILL	$	75,317.85
BORSHOWA	MANDY	$	70,113.39
BORSTMAYER	DAWN	$	65,228.31
BOUVIER	AIMEE	$	73,005.88
BOYCHUK	LOIS	$	149,888.34
BOYKO	JAMES	$	67,821.85
BOYKO	RILEY	$	50,768.26

Appendix D: Payee disclosure list

Personal Services

BRAATEN	DEANNE	$	69,860.98
BRAATEN	NAOMI	$	50,439.00
BRAD	DONNA	$	146,643.67
BRAHNIUK	CORINA	$	73,470.91
BRAKE	BRENDA	$	101,766.56
BRANDOLINO	BRANDY	$	55,792.17
BRAY	WILLIAM	$	75,254.38
BREKER	BRENDA	$	71,921.61
BRIDGE	GARY	$	107,407.68
BROOKS	COLEEN	$	70,764.48
BROOKS	JOANNE	$	94,153.29
BROWN	APRIL	$	64,383.20
BROWN	LISA	$	56,551.11
BROWN	MARJORY	$	89,981.49
BROWN	REED	$	56,581.13
BRUCE	LYNN	$	91,191.62
BRYDGES	JOANNE	$	93,244.83
BUCKINGHAM	KATHERYN	$	71,295.55
BURANT	JOANNE	$	52,405.89
BURNIE ALLEN	P JILL	$	80,101.38
BURWOOD	LINDA	$	52,669.14
BUTTERFIELD	MARINA	$	83,799.59
CABILAO	EVANGELIN	$	116,845.08
CADIEU	BONNIE	$	93,768.55
CAGAMPAN	CHARISSE	$	57,309.50
CAGUIN	MERIAM	$	58,488.01
CAISSE	SHELLY	$	57,949.57
CALAYO	CLARISSA	$	69,694.86
CALLAGHAN	DAWN	$	85,425.51
CALLAHAN	JAMIE	$	201,770.15
CAMCHE	ALLISYN	$	74,488.74
CAMERON	DIANA	$	53,408.48
CAMPBELL	ALISON	$	83,615.75
CAMPBELL	LORRAINE	$	94,147.14
CAMPONI	ROSA	$	95,551.90
CANITZ	ANTON	$	64,751.90
CARLSON	TRACY	$	83,583.95
CARRIER	JACLYN	$	78,537.26
CARRIER	JANET	$	65,186.48
CARRIER	MARLENE	$	59,803.57
CARRIERE	SHELLY	$	57,993.99
CARRUTHERS	GLENN	$	118,962.00
CASAVANT	HEATHER	$	96,700.85
CASAVANT	MEGHAN	$	52,205.85
CHAMBERS	LISA	$	75,783.25
CHARTRAND TRZASK	CHRISTINA	$	67,236.85
CHAUDHRY	ZUBAIDA	$	178,450.55
CHAVEZ	MALCOLM	$	103,043.82
CHICOINE	MICHELLE	$	52,785.31
CHRISTIANSEN	LORI	$	73,841.15
CHRISTMANN	KIM	$	56,358.35
CLARK	JANET	$	109,416.04
CLARKE	GLENIS	$	78,212.22
CLARKE	SHARLENE	$	74,478.61
CLARKE	TRINA	$	69,498.21
CONANT	DANA	$	79,743.08
COOK	DELPHINE	$	74,394.36
COOK	DONNA	$	92,227.71
COOPER	SHEILA	$	108,276.37
CORNELSON	KELLY	$	70,433.91
COULDWELL	BRITTANY	$	72,181.05
COUTU	JAS	$	90,899.05
COUTURE	PATRICIA	$	109,102.80
CRAWFORD	ELEANOR	$	55,777.18
CRAWFORD	SHELLEY	$	86,570.43
CRELLIN	MARGARET	$	118,891.98
CROSS	DANIELLE	$	107,075.21
CROWE	JULIE	$	52,079.19
CRUZ	JERRY	$	90,170.18
CURTIS	CHONA	$	61,389.91
CUTTING	EUNICE	$	66,946.52
CYR	LINDA	$	66,279.96
CYR	MICHELLE	$	52,093.05
CYR	MURIELLE	$	107,623.81
DAGENAIS	KAREN	$	106,715.39
DAGENAIS	SHAWN	$	77,340.89
DAHL	DOUG	$	81,670.43
DAHL	JANET	$	133,447.83
DALLMAN	JASON	$	72,364.55
DANGER	BETTY	$	72,094.21
DANIELS	DORIS	$	87,301.60
DANIELSON	DEBRA	$	85,292.25
DAONGAM	RAILIN	$	66,695.84
DARBYSHIRE	DIANA	$	96,772.53
DAVIDSON	BRITTANY	$	62,339.01
DAVIDSON	ELBERT	$	71,069.50
DAVIES	TRACIE	$	80,569.00
DAVIS	GILLIAN	$	75,550.38
DAYTON	DAREN	$	51,735.78
DE LARA	PRESSIE F	$	144,736.68
DE PADUA	JOHN	$	70,972.23
DEFOREST	JACQUELIN	$	78,849.19
DELISLE	MARC	$	89,383.24
DELPARTE	CORINNE	$	76,667.73
DENIS BLAIS	DIANNE	$	102,559.68
DEOBALD	VIRGINIA	$	70,037.84
DESCHAMBEAULT	ALYSSA	$	67,902.74
DEVERS	MICHELLE	$	88,160.94
DEWHURST	BONNIE	$	64,096.95
DICKENS	TERESA	$	64,101.58
DICKSON	CATHY	$	90,586.99
DICUS	ESTELLE	$	72,242.55
DIEHL	GAIL	$	66,045.01
DIEMERT	JACKALEEN	$	80,789.00
DISIEWICH	KAREN	$	69,477.46
DONALD	HELEN	$	110,802.38
DOOLEY	NIKKI	$	82,753.71
DOROSH	PERPETUA	$	106,791.66
DOROSH	TONI BRAI	$	74,573.77
DOUCETTE	FLORETTE	$	98,065.05

Appendix D: Payee disclosure list

Personal Services

DOUCETTE	MAUREEN	$	80,338.52
DOUGAN	BEVERLEY	$	106,778.65
DOWLING	DEANNE	$	104,730.90
DOWNEY	SHERRYL	$	73,471.25
DRIEDGER	AMANDA	$	100,055.19
DRIESCHNER	ARLENE	$	94,719.78
DRIESCHNER	ERIN	$	55,912.63
DUBYK	DEBORAH	$	56,242.85
DUBYK	MELANIE	$	50,851.31
DUCHSCHERER	GLORIA	$	104,449.48
DUENAS	CHRIZALYN	$	109,533.15
DUNNE	BRETT	$	52,166.54
DUPUIS	JOCELYNE	$	67,816.21
DUPUIS	TRACY	$	53,769.17
DURET	ALINE	$	78,440.47
DUROCHER	DOLORES	$	60,887.30
DUSSEAULT	CLARA	$	56,868.76
DUTKA	PATTI	$	51,139.12
DYCK	JOLEAN	$	66,406.03
DYKUN	KIMBERLY	$	116,185.12
DYNNA	MAUREEN	$	68,366.41
DZIADYK	LINDA	$	67,047.42
DZIAK	EWELINA	$	90,934.37
ECALDRE	PETER	$	114,872.82
ECHAVEZ	MARILOU	$	104,191.87
EDDOLLS	COLLEEN	$	74,753.67
EDGINGTON	JANELLE	$	53,770.96
EDMISON	JANE	$	63,067.18
EDROZO	GERALD PO	$	104,514.53
ELLIOTT	CHERYL	$	138,245.43
EMMERSON	ANGELA	$	108,647.90
ENNS	BRETT	$	133,736.22
ENS	JODY	$	55,603.47
EPLEN	DORI	$	80,135.78
ERICKSON	KRISTEN	$	66,786.13
ERICSON LEMAIGRE	WENDY	$	107,710.93
ERMINE	EDMUND	$	66,168.12
ESCALADA	CHARRY	$	99,866.04
ESCUETA	JAN KEITH	$	108,914.31
ESCURO	MICHELLE	$	66,381.92
ESTEBAN	ANTONIO E	$	95,155.19
EVANGELISTA	NOMY	$	149,439.87
EVANS	JODY	$	66,584.52
EVANS	KATHY	$	75,284.39
FABAY	ZENAIDA	$	54,366.80
FAHLMAN	THERESA	$	111,360.62
FALK	NEIL	$	78,892.57
FALLOON	NADINE	$	108,693.52
FAMULAK	KEVIN	$	77,155.58
FARTHING	KRISTA	$	95,501.15
FAUCHOUX	ELAINE	$	88,162.88
FAVEL	LINDA	$	53,727.78
FAVREAU	GLENDA	$	71,644.07
FEATHERSTONE	TOBI	$	72,502.31
FECYK	DIANA	$	85,181.00
FEE	CHRISTAL	$	70,263.63
FEHR	DARLENE	$	99,387.80
FELAND	LESLIE AN	$	87,628.48
FELSKE	BRENDA	$	76,491.73
FERLAND	BEVERLY	$	103,885.17
FERNANDEZ	FE	$	124,564.61
FIDDLER	CHARITY	$	69,606.14
FIDDLER	DANIELLE	$	77,968.63
FIDDLER	SHAUNNA	$	61,740.65
FISHER	BARBARA	$	101,530.41
FITZPATRICK	ROBERT	$	69,652.03
FJELD	TERRY	$	94,174.67
FOSSEN	HELEN	$	62,368.66
FOSTER	LYNDSAY	$	58,157.68
FRANC	JOANNE	$	107,470.20
FRANC BEAURIVAGE	LYDIA	$	105,477.32
FRANDSEN	JUDY	$	50,641.98
FRANKS	JUDY	$	55,259.01
FRAZER	TRACEY	$	58,603.93
FRENCH	BRENDA	$	70,073.92
FRIESEN	CAMERON	$	66,377.84
FRIESEN	CRYSTAL	$	75,472.26
FRIESEN	LORI	$	91,918.64
FRIESEN	REBECCA	$	71,904.24
FRIESEN	TERRY	$	67,340.69
FROST	EMILY	$	65,159.67
FUENTES	DIANA JEA	$	113,718.33
FULLER	BONNIE	$	104,818.06
FULLER	SHARON	$	72,043.28
FUNK	HEIDI	$	74,528.13
FURBER	CHRISTINE	$	105,317.56
GABRIELSON	HEATHER	$	78,892.53
GALE	CRYSTAL	$	61,512.52
GALLINS	LORI	$	99,879.08
GARAND	ROBERT	$	82,073.14
GARCIA	ZENAIDA	$	105,956.13
GARDEN	NICOLE	$	83,619.31
GARRARD	STEVE	$	65,973.11
GATIN	PEGGI LYN	$	80,890.49
GAUDET	DEAN	$	70,855.84
GAUDET	DORI	$	105,567.27
GAUTHIER	THERESA	$	87,816.18
GAVERONSKI	NANCY	$	76,774.56
GEDDERT	DAWN	$	109,750.09
GENCIANA	CAROL JOY	$	136,698.67
GEORGET	ALDEN	$	89,285.46
GERLACH	KAREN	$	52,852.11
GERVAIS	DWIGHT	$	83,344.12
GIGNAC	LAURA	$	80,586.25
GILLESPIE	ALISON	$	75,515.02
GILLIS	TAMMY	$	134,234.05
GILMOUR	JANEL	$	59,782.27
GLABUS	LUCIE	$	50,142.72
GLYNN	KATHY	$	66,083.31
GO	JOHN	$	52,089.75

Appendix D: Payee disclosure list

Personal Services

GOLEZ	ANALYN	$	50,037.30
GOLLER	SHELLEY	$	104,606.89
GONZALES	LYRA	$	54,704.41
GORDON	CATHY	$	108,658.91
GORDON	JOAN	$	56,452.12
GORDON	SHANNON	$	76,818.67
GOULET	HELENA	$	53,795.20
GRADIN	SHELLEY	$	74,560.26
GREEN	MINDY	$	56,343.33
GREGORY	ALICIA	$	85,712.85
GREGORYK	CAROL	$	202,219.40
GRIFFIN	SHARON	$	121,674.76
GRIMARD	SHARON	$	63,089.94
GRIMARD	SHERLYN	$	51,972.95
GRIMES	LISA	$	71,640.04
GROVES	JACQUELIN	$	71,435.13
GUEDO	BROOKE	$	63,207.90
GUEST	JENNIFER	$	69,231.76
GUITARD	MICHELLE	$	95,443.50
GUNN	KAREN	$	123,354.22
GUY	COURTNEY	$	79,179.83
GYOERICK	ROBIN	$	66,233.38
HALAYKA	TWYLA	$	69,243.03
HALCRO	QUENTIN	$	114,957.11
HALLETT	TERRY	$	55,307.60
HALSALL	DAWN	$	97,437.93
HAMBORG	EILEEN	$	68,592.57
HAMILTON	TRUDY	$	94,717.59
HAMLYN	MURIEL	$	73,336.44
HANNOTTE	THERESE	$	61,949.83
HARASYMUK	BRIAN	$	135,894.21
HARASYN	TANYA	$	79,940.49
HAREUTHER	JENNIFER	$	95,173.92
HARPER	MONICA	$	76,116.82
HARRADENCE	LISA	$	91,522.22
HARRIS	CINDY	$	66,137.77
HARRISON	LORAINE	$	113,169.16
HART	LYLA	$	119,122.67
HARTMAN	GENE	$	79,492.45
HAYDUK	KAREN	$	74,816.21
HEAGY	BLAINE	$	64,872.84
HEBBLETHWAITE	JOANNE	$	77,950.29
HEGEDUS	ARIANA	$	93,553.87
HEGLAND	TAMMY	$	85,921.72
HEIDEL	SANDY	$	96,757.58
HEIN	EDITH	$	83,442.94
HEIN	GORDON	$	83,275.40
HENGEN	MELISSA	$	72,481.65
HENRY	KRISTIN	$	79,954.81
HERBST SUTOR	MICHELLE	$	107,693.18
HEROUX	WENDY	$	74,427.78
HEWITT	BARBARA	$	76,613.75
HICKS	CARRIE	$	72,358.55
HIGGINS	GARRY	$	66,079.66
HIPKISS	NADINE	$	98,365.36
HJERTAAS	JUDY	$	69,734.07
HNIDEK	FRANCES	$	73,762.09
HOBSON	TRACI	$	117,170.37
HODGSON	ADRIANNE	$	65,906.35
HODGSON	WHITNEY	$	82,553.79
HOLMGREN	KATHY	$	63,946.49
HOLTZHAUSEN	TONY	$	53,564.01
HONIG	COLLEEN	$	78,532.27
HOPE	PENNY	$	96,067.21
HOPE	TRACEY	$	59,266.46
HORNER	LISA	$	84,349.39
HORNUNG	JOAN	$	94,655.99
HOWARD	YASSAH	$	69,378.20
HRADECKI	KIMBERLEY	$	93,666.06
HRENYK	LORETTA	$	79,782.15
HRYNUIK	KAREN	$	68,557.01
HULL	JAMIE	$	68,729.42
HUNDEBY	LISA	$	75,541.46
HUNKER	KATHY	$	53,281.82
HUNT	CECILE	$	279,485.65
HUNTER	KATHRYN	$	66,994.08
HUPAELO	CAROLINE	$	82,696.69
INGHAM	TANYA	$	98,145.36
ISBISTER	VALERIE	$	66,502.98
IVERSON	CATHY	$	106,556.58
JACKSON	JANICE	$	66,332.12
JACKSON	KYLIE	$	80,283.21
JACOBS	KATHARINE	$	83,626.69
JAHN	SONYA	$	82,180.15
JALBUENA	ROMMEL	$	101,582.66
JAMES	MANUEL	$	113,633.77
JANZ	TRENTON	$	70,185.77
JANZEN	LAURIE	$	79,460.37
JENKINS	PATRICIA	$	74,929.78
JENSEN	LAURA	$	63,074.53
JEZOWSKI	JAMILYNN	$	60,541.56
JOHNSON	DEBORA	$	92,154.66
JOHNSON	GENEVA	$	70,808.80
JOHNSON	IAN	$	75,368.49
JOHNSON	JENNA	$	100,399.54
JOHNSTON	DANIELLE	$	67,672.72
JOHNSTON	MERLE	$	65,606.51
JOLLY	SAMANTHA	$	50,688.27
JONASSON	ASHLEY	$	74,594.58
JONASSON	JOANN	$	59,142.96
JONES	MONIQUA	$	92,330.85
JOO	CHERYL	$	96,331.03
JOSE	SWAPNA	$	50,001.78
JUBILAN	ANN THERE	$	94,857.18
JUSON	JOJAN PAU	$	80,316.18
JUST	SHERRY	$	64,974.15
KAMINSKY	DONNA	$	100,194.64
KAMMERMAYER	KAREN	$	91,976.33
KANIGAN	DANIELLE	$	63,765.71
KAPACILA	JAN	$	77,277.57

Appendix D: Payee disclosure list

Personal Services

KAPTEIN	KAREN	$	66,930.27
KARAKOCHUK	DENNIS	$	119,964.59
KARDASH	JOHANNE	$	106,702.25
KARTES	SHIRLEY	$	65,576.34
KAYE	JOYCE	$	54,101.09
KAZMIRUK	ELOISE	$	107,781.45
KEAYS	ROBYN	$	60,835.73
KEIZER HARNISH	CATHERINE	$	51,239.17
KENDEL	PAMELA	$	58,111.44
KENKE	KIMBERLY	$	76,934.40
KENNEDY	JELAINE	$	60,739.82
KENNY	SAMANTHA	$	98,977.03
KENT	DEBBIE	$	72,426.35
KIBANOFF	CONSTANTI	$	93,329.86
KINAR	DEANNA	$	101,128.54
KING	MARYANNE	$	61,099.12
KIRYK	WAYNE	$	50,421.90
KITCHING	KAREN	$	65,021.20
KLUGHART	GARRY	$	62,229.79
KLUGHART	MELISSA	$	84,710.61
KNIGHT	MELANIE	$	69,797.77
KNOKE	JULIA	$	61,246.00
KNOUSE	JENNIFER	$	64,547.50
KNOX	PHIL	$	62,385.69
KNUDSEN	JENNIE	$	58,782.93
KOLENDRESKI	DWAYNE	$	90,672.42
KOMAIKE	LOIS	$	72,639.70
KONGAWI	AMANDA	$	100,773.60
KOOP	ANDREA	$	67,942.46
KORNBERGER	MARILYN	$	58,383.80
KRAWEC	CARMEN	$	97,771.28
KRSACOK	MARILYN	$	79,525.75
KUKAC	CHARLINE	$	93,848.71
KUTNIKOFF	JOANNE	$	53,730.86
KWIATKOWSKI	BRENDA	$	88,711.59
KWOK	JOANNE	$	111,087.84
KYEI	JOYCE	$	76,714.88
LABIUK	PEARL	$	54,234.55
LACHANCE	DELORES	$	54,252.82
LADEZA	REYNALDO	$	120,801.34
LADOUCEUR	NATALIE	$	63,167.72
LAFOND	STEPHANIE	$	60,813.81
LAI	SANDY	$	52,539.42
LAI	YUN	$	92,370.22
LAJEUNESSE	JOANNE	$	113,219.21
LAJEUNESSE	LEANNE	$	51,386.44
LALONDE	MARIE ANN	$	76,988.60
LAMOTTE	RANDI	$	77,191.35
LANG	BRIDGETTE	$	70,850.82
LAPRISE	KRISTIN	$	94,975.77
LAROSE	LINDA	$	52,206.74
LARSON	AIMEE	$	95,126.88
LARSON	DEANNA	$	84,525.86
LARSON	MEAGAN	$	85,990.95
LATURNAS	LAURIE	$	82,282.23
LAVENTURE	SHANNON	$	50,551.70
LAVERGNE	ADELE	$	84,460.11
LAWSON	TAMMY	$	94,173.49
LEADERHOUSE	RICHARD	$	92,932.18
LEBLANC	ELISE	$	99,290.52
LEBLANC	NICOLE	$	89,486.12
LEE	CONNIE	$	124,351.41
LEEB	SONYA	$	114,909.01
LEHNER	NOLA RAE	$	77,428.40
LEHOUILLIER	ROSEMARY	$	68,863.93
LEPAGE	ADRIEN	$	101,704.86
LEPAGE	CHRISTINA	$	81,562.08
LESCHYSHYN	CYNTHIA	$	87,832.20
LESKO	CARLIE	$	97,228.54
LIDBERG	DEBRA	$	75,634.60
LINDSAY	KIRSTIE	$	76,904.87
LINKLATER	DAISY	$	50,305.45
LIZEE	JASMENE	$	66,869.47
LLOYD	KELLENE	$	102,118.63
LLOYD	MARIA	$	72,077.79
LOEWEN	NORMA	$	59,669.15
LOFSTROM	LAUREL	$	68,175.59
LONG	SHEILA	$	71,039.56
LOWE	AMANDA	$	101,015.92
LUKAN	LAURIANNE	$	108,802.75
LUKOWICH	ARLENE	$	85,766.00
LUNDGREN	JUNE	$	69,559.11
LY	LINDA	$	67,147.62
LYSITZA	CORINNA	$	76,277.05
LYSITZA	SUSAN	$	70,644.73
LYSITZA-MALISCHE	SHELBY	$	64,059.94
MACABANTI	RABBI	$	54,467.26
MACAULEY	MICHELLE	$	69,642.17
MACFIE	CINDY	$	58,145.46
MACFIE	VIKKI	$	130,470.64
MACH	STEVEN	$	67,676.30
MACLEAN	MURDEEN	$	61,642.87
MACNEIL	BEV	$	57,645.89
MADWID	DOREEN	$	67,971.53
MAGGRAH	KATE	$	53,357.58
MAGNUSSON	EVA	$	80,159.54
MAKELY	JANICE	$	88,914.11
MANSEAU	JEANNE	$	78,138.67
MANTE	MARK STEP	$	107,141.72
MARCIA	LAURA	$	89,693.08
MARDELL	DAWN	$	69,651.17
MARION	MELANIE	$	88,233.25
MARSHALL	PATRICIA	$	85,223.22
MARTENS	MICHELLE	$	65,333.16
MARTENS	SONYA	$	70,452.23
MARTIN	DIANE	$	56,326.76
MARTIN	GINA	$	63,638.48
MARTODAM	ROSELINE	$	75,067.34
MASIGLAT JR.	PEPITO	$	157,859.64
MASON	KAREN	$	76,337.32

Appendix D: Payee disclosure list

Personal Services

MASON	LINDA	$	114,761.25
MASSEY	GERALDINE	$	54,565.54
MATHEIS	ELONA	$	92,871.15
MATICE	MADELEINE	$	86,609.69
MATURAN	ZOSIMA	$	101,584.16
MATWISHYN	DEBBIE	$	92,097.02
MATZNER	JULIETTE	$	98,621.34
MAXIMIUK	RACHEL	$	60,940.27
MAY	CHARLENE	$	90,262.25
MCALEESE	TIFFANY	$	83,528.77
MCCALLUM	LAUREENA	$	59,522.07
MCCANN	JOHN	$	104,966.30
MCCREADY	DEBORAH	$	95,822.22
MCDAID	LEONA	$	57,177.48
MCDERMOTT	COLETTE	$	52,119.33
MCDONALD	ASHLEY	$	81,325.05
MCDONALD	BARBARA	$	101,722.96
MCDOUGALL	BRENDA	$	65,532.03
MCEWEN	PATTY	$	63,421.37
MCIVOR	JOAN	$	50,752.41
MCKAY	CORALIE	$	66,156.67
MCKINNON	LINDA	$	89,704.18
MCKNIGHT	FRANCINE	$	52,457.85
MCLAUGHLAN	SYLVIA	$	64,453.62
MCLEAN	CATHERINE	$	93,725.44
MCLEAN	LEANNE	$	54,503.88
MCLEOD	DONNA	$	94,297.14
MCLEOD	EILEEN	$	85,075.90
MCLEOD	GLORIA	$	72,667.00
MCLEOD	JOLENE	$	70,966.02
MCMUNN	BRENDA	$	100,498.93
MCNABB	ADAM	$	70,457.70
MCNAMEE	JUDITH	$	105,062.40
MEIKLE	LYNN	$	101,952.73
MEJIA	HANZEL	$	59,472.05
MEVILLE	JENNIFER	$	50,028.76
MEYER	ROSALIE	$	90,680.27
MEYERS	PAM	$	75,933.57
MILLER	ASHLEY	$	65,444.35
MILLER	HEIDI	$	50,994.87
MILLER	LINDA	$	55,301.68
MILLER	RHONDA	$	92,924.40
MILLER	ROSE	$	53,368.81
MILLER	TANYA	$	94,092.95
MILLS	BRENDA	$	64,887.28
MILLS	RAE	$	93,208.31
MILNER	THOMAS	$	204,815.55
MIRASTY	TAMARA	$	65,443.53
MISCHUK	CONNIE	$	100,360.08
MITCHELL	JAMES	$	59,314.26
MOKELKI	LOIS	$	110,351.73
MOORE	MARGARET	$	83,062.47
MORASH	SHARLA	$	76,934.75
MORIARTY	JUDY	$	79,503.42
MORIARTY	LINDA	$	73,880.68
MORIN	WANDA	$	53,181.63
MORLEY	MICHELLE	$	95,883.08
MORRISON	COLLEEN	$	52,913.28
MORROW	EVA MARIE	$	91,228.27
MOYER	PATSY	$	81,538.24
MULLER	SHARON	$	66,363.40
MULLNER	CHARLES	$	68,369.22
MUMM	LORNA	$	66,557.86
MUNAR	WILMA	$	115,727.99
MURRAY BERG	DENISE	$	50,561.65
MYCHAN	SHANNON	$	61,808.38
MYKIETIAK	BETTY ANN	$	50,251.69
NAGY	DAWN	$	54,224.79
NAGY	SHIRLEY	$	96,973.60
NAHACHEWSKY	DONNA	$	106,556.58
NAHARNEY	KATHY	$	90,160.69
NAPPER	RAE ANNE	$	57,704.44
NATOMAGAN	TARA	$	100,848.14
NELSON	CATHERINE	$	73,405.49
NELSON	DARCIE	$	94,297.14
NELSON	JOSEPH	$	64,664.14
NELSON	LORI	$	84,957.60
NEUDORF	DEANNA	$	85,715.13
NEUFELD	PATRICIA	$	69,089.91
NEUMAN	ELAINE	$	57,080.71
NEWHOUSE	SANDRA	$	106,456.58
NEWMAN	SHELLEY	$	60,564.35
NICKLAS	MARVIN	$	79,339.73
NICOLAS	BRITTANY	$	85,048.76
NIELSEN	DIANNE	$	71,424.09
NOLAN	GWEN	$	98,609.96
NORDLI	HEATHER	$	68,093.94
NOVAK	JACEY	$	77,395.00
NUTTER	NICOLE	$	86,701.63
NYKIFORUK	PATRICIA	$	72,308.58
O'HARA	CAGNEY	$	98,702.92
OAKES	KYLA	$	62,781.00
OBALDO	MARIA ANG	$	112,403.94
OLDE	STEPHEN	$	93,324.77
OLIVER	LYNN	$	85,334.17
OLSEN	CORTNEY	$	82,496.33
OLSON	SHARON	$	76,339.67
OLSON	SHERRY	$	96,455.53
OLSON	TIFFANY	$	72,254.00
OLTHUIS	KATHRYN	$	71,996.53
OSHANEK	JACLYN	$	66,666.96
OTTE	BRYAN	$	76,249.46
OTTE	SHARON	$	92,876.99
OTTO	CRYSTAL	$	72,522.28
OXBY	ROSALYN	$	78,833.25
PAGUIO	JOANN	$	94,208.00
PAINTER	JUDITH	$	72,837.96
PALISOC	MICHELL L	$	132,071.21
PANGILINAN	MICHAEL A	$	107,629.03
PANNELL	MAUREEN	$	65,549.18

Appendix D: Payee disclosure list

Personal Services

PAPASTERGIOU	ELIZABETH	$	52,196.64
PARCHOMCHUK	LYNN	$	89,467.30
PARENT	EYVETTE	$	124,930.54
PARENT	KIM	$	63,239.49
PASCUAL	MARJORIE	$	56,582.93
PASHOVITZ	KATHRYN	$	72,648.51
PATOINE	STACEY	$	73,231.33
PAUL	CHANTELLE	$	74,097.55
PAWLYSHYN	KELLY	$	71,610.95
PEARSON	ADAM	$	79,127.04
PEARSON	BRADLEY	$	50,757.86
PEEKEEKOOT	BROOKE	$	63,057.15
PELLETIER	ELAINE	$	68,827.56
PELLETIER	TROY	$	59,193.86
PENNER	AMANDA	$	68,550.39
PENNER	GRACE	$	91,003.59
PERALTA	EMMA	$	94,018.08
PEREZ	MICHAEL J	$	109,663.83
PERKINS	JO ANN	$	77,305.54
PERSON	ANGELYNNE	$	51,420.66
PETER	GALE	$	111,288.42
PHANEUF	SHAWN	$	107,163.92
PHILLIPS	JASON	$	72,790.17
PICOT	CHARMAINE	$	92,207.19
PIGGOTT	JOHN	$	178,887.51
PIKALUK	JOAN	$	90,428.91
PILON	GAIL	$	90,297.53
PILON	JADE	$	68,692.44
PILON	TAMMY	$	80,933.19
POETKER	PAT	$	99,086.29
POGORZELEC	ELLEN	$	72,820.83
POITRAS	STACY	$	69,291.97
POPESCUL	JANELLE	$	51,814.60
PORTER	BARBARA	$	101,880.39
PORTER	BETH	$	64,508.14
PORTER	PAMELA	$	110,947.38
POTTER	AMANDA	$	82,544.26
POULIN	ALEXIS	$	75,767.50
POULIN	IVY	$	114,983.56
POWALINSKY	CHARLOTTE	$	106,456.58
POWALINSKY	WILLIAM	$	51,113.72
POWERS	MARGERIET	$	52,184.89
PRATT	BARBARA	$	68,768.63
PRETE	CAROL	$	79,362.14
PRIESTLEY BLAZIC	SANDRA	$	59,235.07
PRIESTLEY MCALPI	DEBORAH	$	93,100.12
PRIESTLY	VALERIE	$	54,842.51
PROULX	JENNIFER	$	81,465.14
PUETZ	LEAH	$	110,748.94
QUINN	ANTHONY	$	55,370.34
QUITORIANO	ERMINDA M	$	111,940.25
RABEJE	CHERYL	$	104,584.70
RABUT	LAURIE	$	71,357.56
RALSTON	MARGARET	$	112,824.86
RAMOS	MARIVIC	$	115,460.19
RANCOURT	NICOLE	$	72,179.39
RANDALL	BRENDA	$	70,541.36
RASK	LYNN	$	135,189.86
RATT	MONICA	$	76,166.14
READ	MARCUS	$	52,816.06
RECINA	MARJORIE	$	105,071.68
REDDEKOPP	DEZIRAE	$	76,890.02
REED	COLLEEN	$	110,989.32
REED	NOREEN	$	92,624.36
REMPEL	ELIZABETH	$	76,043.59
RENDEROS	CARMEN	$	61,980.76
RENNIE	BRIEANNE	$	65,541.89
RENNIE	CORY	$	88,759.51
RHEAD	KRISTY	$	103,896.07
RIEKMAN	MARILYN	$	88,760.74
RIEMER	ROCHELLE	$	52,416.66
RISHCHYNSKI	KATHY	$	93,909.21
ROBERTS	RHODA	$	92,797.60
ROBIN	DANIELLE	$	67,546.30
ROBINS	BARBARA	$	78,259.29
ROBINSON	BRENDA	$	99,375.00
ROBINSON	SHERRY	$	95,037.30
ROBINSON	TAMMY	$	75,237.24
ROCK	TYLER	$	67,689.20
ROLLES	CORY	$	69,949.05
ROMANCHUK	MONICA	$	75,168.78
ROSALES	NONITA	$	50,338.64
ROSS	ALANA	$	106,293.07
ROSS	LONNIE	$	61,395.98
ROSS	PAUL	$	91,778.45
ROSS	PETER	$	76,078.78
ROTH	ALICE	$	66,190.03
ROUSSON	AUDREY	$	105,213.66
ROWE	TREVOR	$	59,531.73
ROY	JEANNINE	$	54,465.13
RUMBAOA	PAUL CEDR	$	114,019.25
RUSK	WANDA	$	70,185.73
RUSSELL	DAVID	$	63,071.14
RUTHERFORD	LISA	$	66,892.26
RYE	CHRISTINE	$	95,474.17
RYHORCHUK	MEAGAN	$	62,185.81
SABARATNAM	RATHI	$	269,706.58
SABO	FAYE	$	69,225.95
SAGARDIA SILVA	PAOLA	$	59,873.71
SAMUEL	HOLLY	$	99,869.51
SAN JUAN	MARICEL	$	93,999.85
SANDE	DANIELLE	$	87,951.54
SANDER	BEVERLY	$	103,906.71
SANDER	MELISSA	$	57,392.89
SANDERS	KENDRA	$	70,777.70
SARCHUK	BRENDA	$	105,581.17
SAVAGE	SHAUN	$	76,847.74
SAWATSKY	ROXANE	$	86,507.95
SAWCHUK	KELLY	$	70,277.10
SCHOPP	ASHLEY	$	82,724.65

Appendix D: Payee disclosure list

Personal Services

SCHOPP	TARA	S	73,169.42
SCHRADER	JOCELYN	S	85,948.38
SCHUTTE	SHANNON	S	78,930.43
SCOWEN	TASHA	S	62,645.97
SCRIVENER	DIANE	S	88,864.51
SEIDLE	LAURA	S	96,760.04
SEIDLIKOSKI YURA	WANDA	S	50,234.80
SENINA	KRIZIA	S	122,403.91
SERFAS	DENNIS	S	77,020.18
SETTEE	TINA	S	66,566.31
SEVIGNY	KENDRA	S	68,646.32
SHEPPARD FROH	ANGIE	S	57,770.19
SHORT	CARLA	S	62,225.00
SHORT	NOREEN	S	54,967.65
SHYLUK	LINDA	S	92,025.23
SIEGEL	BRENNA	S	83,827.06
SIGFUSSON	JANELLE	S	52,765.68
SIMONOT	ANNE	S	51,461.43
SIMONSON	GERALDINE	S	50,170.74
SIMPSON	FRANCES	S	93,850.90
SIMS	LINDA	S	112,717.85
SINCLAIR	PAMELA	S	78,392.07
SINGH	KULWINDER	S	63,972.41
SKARPINSKY	BETTY	S	118,517.62
SKIBINSKY	DEBBIE	S	77,642.03
SKIFFINGTON	RIKKI	S	93,693.09
SLATER	DARLENE	S	54,139.24
SLETTEN	CINDY	S	94,565.08
SLOWENKO	SUNYOUNG	S	103,296.23
SMALL	CRYSTAL	S	67,820.46
SMANDYCH	DONNA	S	103,487.44
SMEARS	SHINEEN	S	83,685.70
SMITH	DERRICK	S	76,119.09
SMITH	JEANNINE	S	91,366.14
SMITH	JENNIFER	S	115,863.78
SMITH	KAREN	S	53,592.47
SMITH	RAYLENE	S	71,701.53
SMITH	ROBERT	S	61,059.89
SMITH	SHEILA	S	77,923.14
SMITH	SUSAN	S	96,278.66
SMITH COLEMAN	STACEY	S	82,620.38
SMITH OPSETH	VALERIE	S	70,148.29
SOMMERFELD	ANTONIA	S	101,836.34
SOMMERFELD	BRENDA	S	112,318.75
SORENSON	CONNIE	S	77,559.69
SORON	ASHLEY	S	92,470.71
SPECHT	KIRSTEN	S	69,351.27
SPENCE	CAROLYN	S	58,841.42
SPICER	JOHN	S	61,509.57
SPROAT	CHARLENE	S	97,425.98
STABNER	JANET	S	137,240.97
STACEY	RYAN	S	65,872.83
STADNYK	LORI	S	73,737.34
STAHL	LISA	S	77,445.64
STARBLANKET	LEANNE	S	69,561.60
STEFANSKI	ELIZABETH	S	75,369.00
STEFANYSHYN	CARI ANN	S	84,381.07
STENE	MICHELLE	S	53,851.67
STENZ	EDELTRUD	S	72,806.39
STEPHEN	DONNA	S	50,494.84
STEVELY	VIVIAN	S	58,926.87
STHAMANN	MICHELE	S	79,212.41
STIEB	BEATRICE	S	57,149.61
STIEB	LEE	S	69,294.21
STIGLITZ	MARGARET	S	67,345.93
STOCKI	JULIE	S	78,091.26
STOROSCHUK	NICOLE	S	56,296.52
STRATYCHUK	MICHELLE	S	63,267.59
STRAUGHAN	TRACEY	S	103,236.58
STREET	MICHELLE	S	88,875.12
STROM	CAROLYN	S	89,685.06
STUART	PATRICIA	S	181,407.66
STUCKEL	ONNALEE	S	106,456.58
SUCHORAB	FRANK	S	108,844.66
SUCHORAB	JENNIFER	S	95,870.84
SURKAN	IDA	S	78,046.72
SURPRENANT	LORRIE	S	102,445.01
SWAIN	TRUDY	S	65,836.94
SWAN	KATRINA	S	71,548.93
SWANSON	MARLENE	S	81,736.00
SWENSON	RAMONA	S	54,965.94
SWITYK CONACHER	LARISSA	S	84,879.40
SWYSTUN	RHEA	S	62,487.04
SZABO	DALE	S	88,581.63
SZESZORAK	SYLVIA	S	54,731.02
TAIT	DARREN	S	69,025.03
TAMAYO	LEA MYRTH	S	102,773.66
TAYLOR	BARBARA	S	57,765.35
TAYLOR	DEBRA	S	81,382.81
TAYLOR	JEREMY	S	78,902.48
TAYLOR	VICTORIA	S	75,278.25
TAYLOR WALL	KRISTEN	S	77,525.01
TEER	DONNA	S	53,409.90
TEICHREB	BRAD	S	62,365.42
TEICHREB	PATRICIA	S	69,797.79
TENKINK	JESSICA	S	56,843.39
TENKINK	NANCY	S	75,838.69
TESSIER	AMBER	S	68,619.74
TETARENKO	WALLACE	S	74,125.98
THESEN	BARBARA	S	97,664.78
THOLL	BETTY	S	89,059.07
THOMAS	YVETTE	S	97,321.46
THOMMES	ANNA	S	87,601.41
THOMPSON	DONNA	S	84,117.07
THOMPSON	ELIZABETH	S	95,010.06
THOMPSON	JAMIE	S	74,085.27
THOMPSON	KIMBERLY	S	81,807.87
THOMPSON	TANNICE	S	104,957.25
THORPE	ELIZABETH	S	50,388.99
TILFORD	TOM	S	79,733.04

Appendix D: Payee disclosure list

Personal Services

TILSLEY	SHAWN	S	67,530.57
TIPTON	CARMEN	S	55,842.84
TOMIAK	ASHLEY	S	57,726.72
TOMLINSON	TWYLA	S	70,713.28
TONER	KIMBERLEY	S	65,765.34
TOUROND	LORI	S	62,200.92
TREFRY	SHELLY	S	51,601.46
TRUEMAN	CAROL	S	126,471.60
TUCKER	NOLA	S	114,073.89
TURGEON	CHERYL	S	50,999.50
TURGEON	WENDY	S	88,573.49
TURNER	IRENE	S	66,929.73
TURNER WOJCICHOW	TANYA	S	62,180.89
TWEIDT	PAMELA	S	50,918.64
TYCKON	LAURA	S	72,589.82
UDEY	CAROLYN	S	83,279.27
ULCH	GWEN	S	101,196.96
UNDERHILL	CARLA	S	102,725.13
URSU	SHIRLEY	S	50,194.72
UTLEY	MANDY	S	69,920.82
VACHON	CHARLES	S	66,519.57
VALLEJO	CHELYS	S	87,503.67
VAN DYCK	CAROLINE	S	67,862.39
VAN METRE	KIMBERLY	S	105,454.67
VAN OTTERLOO	MELISSA	S	80,213.33
VANKOUGHNETT	DENISE	S	75,033.59
VANSIL	HEATHER	S	69,787.95
VARGAS	ANGELICA	S	60,843.57
VELLACOTT	JOYCE	S	65,745.27
VERMETTE	CHASITY	S	66,370.92
VERMETTE	TRACY	S	103,653.69
VEZEAU	JUNE	S	92,057.73
VILLAMAR	JULIUS	S	113,011.30
VILLAMAR	MACARLIA	S	89,977.99
VILLAROSA	MARIA THE	S	93,473.96
VINCENT	LINDA	S	79,142.05
VONESCHEN	YVONNE	S	76,098.79
WALKER	VICTORIA	S	71,449.99
WALL	CYNTHIA	S	82,690.80
WALLACE	EMILIE	S	78,600.29
WALLIN	LISA	S	61,693.78
WALTER	BARBARA	S	97,657.97
WALTERS	JACKIE	S	98,433.56
WANG	YU LI SAM	S	92,203.13
WARKENTIN	BARBARA	S	112,237.41
WARKENTINE	SONJA	S	65,146.44
WARRINER	NOVA	S	50,128.16
WASON	RICHELLE	S	68,580.55
WASYLYSHYN	SHELLEY	S	85,907.47
WATIER	RACHELLE	S	72,465.04
WATSON	NAV	S	69,121.93
WATT	ARLENE	S	52,648.02
WATT	ROBYN	S	60,035.78
WAUGH BEAULIEU	TANYA	S	79,847.20
WEBER	PAT	S	56,657.45
WEGER	CHERYL	S	114,153.38
WEINRICH	BETTE ANN	S	72,350.67
WHITE	LEAH	S	87,687.07
WHITE	MILLICENT	S	67,702.91
WICK	DEBORAH	S	56,934.04
WIEBE	KRISTA	S	53,154.12
WIEDER	PAULA	S	51,217.17
WIEDERSPICK	MILDRED	S	94,223.14
WIEGERS	MARY	S	69,494.11
WILLIAMS	LORRAINE	S	74,901.09
WILLIS	KIMBERLY	S	73,960.27
WILSON	KATELYNN	S	87,666.73
WILSON	SHELLEY	S	96,136.75
WINGE	DEBORAH	S	106,590.39
WISER	VALERIE	S	74,924.34
WITTIG	BECKY	S	60,193.25
WITTIG	KRISTINA	S	52,929.37
WOODEN	DIANA	S	67,533.17
WOODS	TOM	S	58,726.04
WORKMAN	JOLENE	S	69,764.86
WOTHERSPOON	MURRAY	S	72,954.19
WOTHERSPOON	SHERRY	S	70,797.95
WRIGHT	LOUISE	S	53,240.00
WYAND	RON	S	75,978.99
WYKES	CAROL	S	50,133.25
YOUNG	KRYSTAL	S	56,457.81
YOUNG	MATTHEW	S	73,615.76
YOUNG	TYLA	S	52,543.42
ZAHARA	RICK	S	52,961.44
ZAKOWSKY	NICOLE	S	77,766.70
ZALESCHUK	RICHARD	S	90,383.58
ZANIDEAN	DARLENE	S	91,878.87
ZANIDEAN	LORNE	S	106,456.58
ZAWISLAK	KIM	S	83,136.51
ZBARASCHUK	KELLY	S	76,171.33
ZELENSKY	CHANTELLE	S	78,961.03
ZELOWSKY	SUSANNE	S	103,145.87
ZENTNER	NEIL	S	161,311.74
ZUCK	SHAUNA	S	77,332.94
ZWACK	MONIQUE	S	103,904.04

Appendix D: Payee disclosure list

Supplier Payments

101204575 SASKATCHEWAN LTD.	$	213,722.36
3130827 CANADA INC (CPDN)		597,701.92
627577 SASKATCHEWAN LTD		123,039.12
A1 POWER DOOR		100,106.06
ABBOTT LABORATORIES LIMITED		148,820.34
ACTION OFFICE INTERIORS		60,635.30
ALCON CANADA INC		467,758.45
AODBT ARCHITECTURE INTERIOR DE		480,589.00
AR PLUMBING & HEATING		58,271.94
ARJOHUNTLEIGH CANADA INC		173,445.33
ASSOCIATED HEALTH SYSTEMS		51,618.93
ASSOCIATED RADIOLOGISTS		2,249,677.28
BARB BOWDITCH		72,800.00
BARD CANADA INC		56,151.13
BAXTER CORPORATION		339,323.14
BIOMED RECOVERY & DISPOSAL		257,441.90
BRACCO IMAGING CANADA		133,118.05
BUNZL CANADA INC.		119,844.14
CANADIAN CORPS OF COMMISSIONAIR		900,411.88
CAN-MED HEALTHCARE		61,488.63
CARDINAL HEALTH CANADA INC.		762,697.83
CHERRY INSURANCE		55,636.22
CIBC VISA		59,840.35
CITY OF PRINCE ALBERT		473,472.45
CUPE LOCAL 4777		1,264,013.69
DAWN TO DUSK ENT LTD.		57,127.00
DELL CANADA		217,997.45
DOMINION BIOLOGICALS		57,033.60
DR ANITA TAJ		264,953.26
DR PEGGY LAMBOS MEDICAL PROF CORP		448,265.65
DR. A. JANSE VAN RENSBURG		140,304.78
DR. A. RAMJI		452,290.65
DR. ADEL BEN SALEH		51,951.95
DR. AFZAAL AHMAD		91,206.93
DR. ALISON TENNENT		85,151.45
DR. ANITA TAJ MEDICAL PROF CORP		131,607.32
DR. B. SILVEIRA MEDICAL PROF CORP		471,899.36
DR. BAQIR-HUSAIN MEDICAL PROF CORP		431,354.10
DR. BRENDA HOOKENSON		157,872.07
DR. C.E. CLARK		428,568.59
DR. CARMEN MIRCEA		83,417.23
DR. CHAMBERLAIN AJOGWU		66,468.09
DR. COLIN GALLINS		267,946.52
DR. CORNE S. SMITH		277,444.77
DR. D. BULAT PROFESSIONAL CORP		449,565.65
DR. D. MARTEN		319,101.93
DR. E. MACIEL		73,125.00
DR. FARAI SENZANI		274,668.53
DR. FERDIE SMIT		367,741.12
DR. FRANCOIS ROSSOUW		208,969.05
DR. GREG OBRIGAVITCH MEDICAL PROF CORP		68,192.16
DR. HORACE BARKER	$	51,948.48
DR. IMRAN IBRAHIM		108,175.25
DR. JACOB STEYN		103,796.99
DR. JOANNE SIVERTSON		517,442.11
DR. JOHAN WESSELS		314,885.81
DR. JOHN RYE		62,941.35
DR. K. SHUKLA		83,140.00
DR. KATHLEEN LUMB		290,022.38
DR. KHAMI CHOKANI MEDICAL PROF CORP		360,523.17
DR. L.J COERTZE MEDICAL PROF CORP		247,300.35
DR. L. JOSHNEL		153,237.12
DR. LILANIE COOPER		376,342.99
DR. LINDSAY CRUICKSHANK NORTHE		156,877.15
DR. M. DURUSSEL		448,265.65
DR. M.Z. HUSSAIN		106,788.46
DR. MARTIN VEITH		367,903.89
DR. N. MWANA		81,405.93
DR. O. MABADEJE		457,438.32
DR. OLABODE IGE, MEDICAL PROF CORP		125,363.64
DR. PRIYA SRIRAM		53,802.46
DR. R. FRIESEN		212,936.59
DR. R. ROYEPPEN MEDICAL PROF CORP		437,558.12
DR. RADU ILIE-HAYNES		60,288.27
DR. RASHID		78,074.51
DR. REZA ESHAGHIAN		72,178.86
DR. RON WALL		118,315.93
DR. RUTH O'CARROLL		210,340.45
DR. S. BRIJALL MEDICAL PROF CORP		472,909.54
DR. S. MOODLIAR		445,940.99
DR. SANTHERAN MOODLEY		471,945.39
DR. SUSHMA LAL		79,437.24
DR. SYBIL VAN DER MERWE		82,894.44
DR. T. MALHOTRA		399,515.64
DR. V. PAREKH MEDICAL PROF CORP		104,108.54
DR. VICTOR ASEFA		55,372.77
DR. VIJAY UDAYASANKAR		445,455.33
DR. Y. PILLAY		458,311.47
EECOL ELECTRIC (SASK) LTD		123,946.88
eHEATLH SASKATCHEWAN		244,771.06
ERV PARENT GROUP		53,515.89
EXECUTIVE SOURCE		53,208.15
FAHN MEDICAL PROFESSIONAL CORP		143,868.22
FLAMINIO CEILINGS & WALL SYSTE		70,324.97
GE HEALTHCARE		703,490.68
GOLDEN OPPORTUNITIES FUND INC.		72,693.18
GRAHAM CONSTRUCTION & ENGINEER		10,027,308.01
GRAND & TOY		119,288.30
GREAT WEST LIFE		745,900.79
GREENLAND WASTE DISPOSAL LTD.		90,673.37
HARRIS DR. STEVEN		173,360.00
HBI		74,287.13

Appendix D: Payee disclosure list

Supplier Payments

HEALTH SCIENCES ASSOC OF SASK	$	188,516.34
HEALTHMARK LTD		146,383.24
HILL-ROM CANADA		413,147.17
HOLOGIC CANADA LIMITED		81,735.50
HOME BUILDING CENTRE		63,568.37
HOSPIRA HEALTHCARE CORPORATION		913,434.72
IBM CANADA		298,196.69
INNOMAR STRATEGIES INC.		55,227.76
INTEGRATED DESIGNS		56,047.67
JAMES R. BROWN MED PROF CORP		271,303.94
JOHNSON & JOHNSON MEDICAL PROD		304,475.84
KAREN BEAR		72,800.00
KAREN HARDER		53,982.70
KCI MEDICAL CANADA INC		99,674.38
KIN ENTERPRISES INC		124,528.43
LAKELAND FORD SALES LTD		76,191.71
LARRY ARCAND		60,100.00
LEICA MICROSYSTEMS (CANADA) IN		53,641.16
LINVATEC CANADA		117,611.25
MARSH CANADA LIMITED		338,475.50
MASTERCARD		198,449.91
MCDOUGALL GAULEY LLP		72,559.35
MCKESSON CANADA CORPORATION		656,580.64
MCKESSON DISTRIBUTION PARTNERS		309,247.20
MELFORT HOSPITAL		82,500.00
MEYERS NORRIS PENNY		50,133.75
NATIONAL REFRIGERATION HEATING		61,776.49
NICOLE ENTERPRISES INC		90,536.15
NORTH SASK. LAUNDRY & SUPPORT		2,415,426.45
OLYMPUS CANADA INC.		60,073.46
P.A. FINE FOODS & DISTRIBUTORS		63,096.72
P.A. RENTAL & LEASING SERVICES		136,352.54
PENTAX CANADA INC.		62,475.01
PHILIPS MEDICAL SYSTEMS CANADA		746,946.79
PINNACLE DISTRIBUTION INC.		68,625.64
PRAIRIE MEATS		221,908.27
PRAIRIE NORTH HEALTH REGION		77,851.81
PRINCE ALBERT PHOTOCOPIER LTD.		151,728.70
PROVINCIAL MEDICAL SUPPLY		130,078.31
QHR SOFTWARE INC		52,014.43
RNF VENTURES LTD.		12,883,225.97
ROCHE DIAGNOSTICS		153,476.59
S MARTINS MEDICAL PROF CORP		469,522.54
SAPUTO MILK DIVISION		200,003.78
SASK ENERGY		598,854.70
SASK POWER		1,281,640.28
SASK UNION OF NURSES-REGINA		637,185.58
SASK WORKERS COMPENSATION BOARD		3,266,574.13
SASKTEL		450,980.30
SASKTEL MOBILITY		128,092.82
SCHAAN HEALTHCARE PRODUCTS		2,272,594.84
SHELL ENERGY NORTH AMERICA (CANADA)	$	186,249.85
SHRED-IT INTERNATIONAL INC.		60,630.08
SIEMENS CANADA LIMITED		690,845.12
SISTERS OF THE PRESENTATION		202,598.32
SMITH & NEPHEW INC		411,957.71
SOFTCHOICE CORPORATION		74,689.91
SRNA		254,767.50
STERIS CANADA LIMITED		75,050.10
STRYKER CANADA LP		656,978.02
SUN LOCAL 62		120,047.73
SUPREME BASICS PRINCE ALBERT		86,240.61
SYNTHES (CANADA) LTD		67,941.83
SYSCO FOOD SERVICES REGINA		1,588,275.68
TELEFLEX MEDICAL L.P.		91,749.24
THE STEVENS COMPANY LIMITED		131,215.02
TOWN OF SHELLBROOK		786,372.78
TRAC HOLDINGS LTD.		221,074.78
TYCO HEALTHCARE GROUP CANADA I		294,009.02
UNISOURCE CANADA SUPPLY SYSTEM		80,725.20
VAN HOUTTE COFFEE SERVICES INC		81,628.83
VERNACARE		57,168.84
VITALAIRE HEALTHCARE		109,705.25
WBM OFFICE SYSTEMS		278,171.03
WOOD WYANT		157,122.88
ZATLYN LAW OFFICE		147,712.26
ZEP FACTORY OUTLET		150,968.95
ZIMMER OF CANADA LIMITED		188,254.58

Appendix D: Payee disclosure list

Transfers

BLAINE LAKE AMBULANCE CARE	$	396,655.12
CANADIAN MENTAL HEALTH ASSN		300,452.00
CO-OPERATIVE HEALTH CENTRE		503,448.54
FAMILY FUTURES INC.		131,762.64
P.A.MOBILE CRISIS UNIT COOP LT		80,466.24
PARKLAND AMBULANCE CARE LTD		2,735,521.87
SHARE		781,522.87
SPIRITWOOD AMBULANCE CARE LTD		1,026,958.14
MONT ST JOSEPH HOME INC		7,753,026.59

Other Expenditures

MINISTRY OF FINANCE	$	98,453.72
MINISTRY OF CENTRAL SERVICES		816,420.72
PUBLIC EMPLOYEES PENSION PLAN		312,285.59
RECEIVER GENERAL FOR CANADA		35,671,329.80
3sHEALTH		8,259,067.42
SHEPP		16,296,936.25

PRINCE ALBERT PARKLAND
HEALTH REGION

2012-2013 Annual Report to the Minister of Health